DOCUMENT RESUME

ED 111 830 95 TM 004 792

AUTHOR	Montgomery, John D.; And Others
TITLE	Staff Development, Manual III: Home, Parent/Child Stimulation. The Marshalltown Project.
INSTITUTION	Marshall-Poweshiek Joint County School System, Marshalltown, Iowa. Dept. of Special Education.
SPONS AGENCY	Iowa State Dept. of Public Instruction, Des Moines.; Office of Education (DHEW), Washington, D.C.
NOTE	212p.; For related documents, see ED 079 917, 918, 919, 920, 921 and 922
EDRS PRICE	MF-$0.76 HC-$10.78 Plus Postage
DESCRIPTORS	Behavioral Objectives; Child Development; *Compensatory Education Programs; Diagnostic Teaching; Disadvantaged Youth; *Early Childhood Education; Handicapped Children; *Home Instruction; Infancy; *Instructional Staff; Language Development; Motor Development; Parent Education; Parent Role; *Project Training Methods; Social Development; Staff Orientation; Teaching Guides
IDENTIFIERS	*Iowa (Marshalltown)

ABSTRACT

The Marshalltown project was created to facilitate individualized prescriptive teaching of preschool handicapped and educationally deprived children at home based upon results of the Marshalltown Behavioral Development Profile. This staff development manual aids in the identification of the skills and knowledge necessary for the home staff to function effectively with the training staff, parents, and children in the home setting. Three training stages, or sequences are emphasized. Stage I consists of familiarizing staff with program goals, philosophy, and techniques. Opportunity is provided for intensive practice in use of curriculum. Stage II consists of on job training. Stage III is an inservice stage concerning transition from a totally structured school experience to home visits accompanied by senior staff members. The manual contains a day by day training format procedure. (DEP)

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Home Parent

MANUAL III

STAFF DEVELOPMENT

child Stimulation

TM004 792

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

"THE MARSHALLTOWN PROJECT"

507 East Anson Street
Marshalltown, Iowa
50158

STAFF DEVELOPMENT

MANUAL III

Sponsored By

Department of Special Education

Marshall-Poweshiek Joint County School System

9 Westwood Drive

Marshalltown, Iowa 50158

The Project Materials reported herein were developed pursuant to two grants: P.L. 91-230, Title VI, E.S.E.A. Part C, Sec. 623, and P.L. 89-10, Title III, E.S.E.A. The options expressed herein, do not necessarily reflect the positions or policies of the U. S. Office of Education, or the Iowa Department of Public Instruction, and no official endorsement by the U.S. Office of Education, or the Iowa Department of Public Instruction should be inferred.

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STAFF DEVELOPMENT

MANUAL III

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ACKNOWLEDGEMENTS

We are grateful to those who encouraged the production of this manual: Dr. Richard A. Ploeger, Superintendent of the Marshall-Poweshiek Joint County School System and Mary Travillian, Director of the Area VI Media Center.

Special appreciation is expressed to the "Marshalltown Project" staff who, having endured training stress and strain, still provided field test data and constructive feedback for this revision: Joan Amick, Jo Fulton, Mary Hampel, LynEtt Hernandez, Nancy Jinot, Margaret Johnson, Linda Lewis, Mary Jo Longo, Vicky Roecker, Theda Saigh, Linda Smith, Sue Smith, Beverly Swenson and Armena Taylor.

The conscientious critiques of Edie Conover, Fort Dodge, Iowa; Dr. Alice H. Hayden, the University of Washington; and Tealey L. Wells, Rutgers University, were very helpful.

We thank our secretarial staff for long hours of typing and retyping: Maridean Baker, Barbara Cox, Rosalyn Novak, Donna Bailey and Barbara Wantiez.

A special acknowledgement is due to the person who spent long, and many times late, hours printing and collating: Ruth Gradwell.

We are indebted to Robert Andrlik of Perennial Education for his contribution of the graphic cover design.

Finally and most important, we salute our Project Parents and Children. Thank you for the opportunity to serve.

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RATIONALE

A critical need in any pre-school educational program, is the fielding of capable teachers. Regardless of background, few persons have been fortunate enough to have had extended formal training in pre-school curriculum or technique.

The home intervention program was conceived as utilizing Home Advisors in an advisory, demonstrative and facilitative role to promote parents-as-teachers effectiveness. Thus, a highly organized, yet flexible, training program was indicated.

Organization was enhanced by constructing The Marshalltown Behavioral Developmental Profile. This instrument was designed to provide a systematic assessment matrix and to aid the Home Advisor and parent in monitoring child progress.

Three corresponding manuals, IIa Communication, IIb Motor, and IIc Social, were then developed to facilitate individualized prescriptive teaching of pre-school handicapped and educationally deprived children within the home, based upon their Marshalltown Behavioral Developmental Profile.

The formal training program for Home Intervention was based upon the following preconceived goals:

1. To provide a training program in which all trainees would master the skills needed to successfully use our materials and at the same time, to provide enough flexibility that the program could be successfully adapted to any geographical area serving any population.
2. To actively involve the new Home Advisors in as many phases of training as possible.

The goals were met by first identifying the knowledge and skills a Home Advisor must have in order to function effectively. The lesson plans, exercises, and experiences were then constructed to meet this need. Time slots were provided for visitations to local resource personnel regarding community services related to the pre-school program, such as community medical services, mental health services, social welfare, etc. The final construction of the training package was developed in such a way as to maximize the trainee's participation and to encourage inter-action between the new Home Advisors and the training staff.

It is common knowledge that training in a program such as this must be an on-going process. In order to allow for this, weekly staffings are held to provide time for the review of previous training, exposure to new techniques and strategies, and a chance to discuss various problem areas encountered by the Home Advisors in the course of their home visits.

NOTE: We wonder about the advisability of demanding rigidly prescribed qualifications for would be Home Advisors. Few colleges or universities prepare teachers for home intervention or "tight" accountability in child progress. Therefore, at this time and in this rural area, training must occur on site. We have Home Advisors with no degrees, B.A.'s in psychology, child development, Special Education, French, Sociology, Elementary Education, and an M.A. in Fine Arts. Ages run from 20-54. Life styles vary from victorianism to avant-garde, but, there is a cohesiveness - a rich, colorful synthesis of experiences from which each can draw in the service of child and family.

DAY: 1

TIME: 8:30-8:45

TITLE: Overview of Training Program

OBJECTIVE: The instructor should give an overview of the training period to include the objectives and a preview of the daily schedules. The participants should be encouraged to ask questions at any time during the training sessions. The lessons are developed in such a way as to minimize the traditional lecture-centered approach. Instead, they are a sequentially programmed group of exercises, discussions, and practical experiences that must be mastered in order to fulfill the role of a Home Advisor.

PROCEDURE: The instructor will preview the training schedule with the Home Advisors who will follow along with their personal copies of the schedule.

MATERIAL: Staff Development Manual.

EVALUATION: Discussion

DAY: 1

TIME: 8:45-9:15

TITLE: Slide/Tape "The Marshalltown Project."

OBJECTIVE: To provide a composite "picture" of the Marshalltown Project.

PROCEDURE: Show slide/tape presentation of "The Marshalltown Project."

Give MTP slide/tape test and discuss results.

MATERIAL:

Slides
Master tape
Two Kodak Carousel projectors
Screen
Audio-Mate 600 Cassette recorder
Overview
Slide/Tape Test

EVALUATION:

1. Completion of "The Marshalltown Project" slide/tape test.
2. Complete training critique, p. 170.
3. Discussion.

"THE MARSHALLTOWN PROJECT"

Overview

Research has pointed to the need for greater enrichment, both within the home and school, to stimulate success. Even though many handicapped children have been identified early, parents have not had a reliable source to turn to for help. It is thus essential to design a Home Stimulation program for pre-school handicapped and educationally deprived children.

The "Marshalltown Project" is a unifying title used in reference to both the pre-school handicapped and the educationally deprived programs.

The "Marshalltown Project" serves that portion of Iowa known as Area VI. This includes Marshall, Poweshiek and Hardin counties and parts of Grundy and Tama counties. This area encompasses approximately 2440 square miles.

Any handicapped child of pre-school age who lives within Area VI is eligible for the Marshalltown Project. The term "handicapped" refers to the mentally retarded, deaf and hard-of-hearing, speech impaired, visually impaired, physically disabled, learning disabled, and the emotionally disturbed.

Also included in the project are those children who are educationally deprived. These children have not had adequate stimulation in the home, necessary to develop certain skills needed for school success.

The "Marshalltown Project" (a Parent/Child Home Stimulation program) is funded through two grants - BEH for Handicapped and Title III for Educationally deprived.

Referrals to the Marshalltown Project are made by local doctors and educators, Area VI Special Education Personnel, the Child Development Clinic, State Services for Crippled Children, County Public Health Nurses, Mental Health and Social Service Agencies as well as by direct parental request.

If the referral is made by a professional person or agency, a letter explaining the program is mailed to the family. If the family does not contact our office, a phone call is made in reference to the letter sent, about their pre-school child. If the parents express interest, an appointment is made to explain the program or assess the child.

Many parents initiate direct referrals, either by telephone or by visiting with a staff member at the office. At this time, the program is discussed with the parents and plans made for the initial home visit.

A child showing significant developmental deficits below his chronological age in one or more of three skill areas - communication, motor, or social - is eligible for the program.

Parents of children eligible for the program are presented three orientation sessions in the home, organized to provide information useful in promoting child growth. The orientation sessions usually run from one to two hours each and such topics are discussed as behavior, cues, reinforcement and record keeping.

Parents fill out workbooks and are also encouraged to role-play various situations in which a child may have difficulty learning a new skill.

Once parents have completed the three unit orientation sessions, they will be encouraged to attend and participate in, Parent/Child classes sponsored by "The Marshalltown Project." Group participation and discussion, in a non-threatening atmosphere with other parents who have common problems, will provide the basis for these weekly sessions.

While parents attend the Parent/Child classes, their children enjoy games, toys, story hours, and socialization, in a pre-school playroom provided free of charge to the parents. Depending upon the number of infants attending the playroom, there will average about one sitter to every six children.

A Toy Lending Library is available for use and is housed in the Marshall-Poweshiek Joint County Pre-school Division building, 507 E. Anson, Marshalltown, Iowa. Staff members and parents who have completed a 12 week Parent/Child Home Stimulation course may select from over 3,000 toys. In the event a prescription is left in a home in which a particular toy might be utilized for skill development . . . this toy will be checked from the Lending Library.

Curriculum materials in the Marshalltown Project consist of a Behavioral Developmental Profile and prescriptions that have been written for each of the 327 behavioral items. These prescriptions are organized into three manuals and further categorized into three skill areas: Communication, Motor and Social. Over 1,500 strategies are listed. These strategies are considered to be optional suggestions or alternatives. Since total emphasis is on the individual child, and individualized instruction, flexibility is the theme. As these prescriptions are used in working with the children, they are undergoing constant revision.

STAFF TRAINING

Three training stages, or sequences, are emphasized to provide a staff of both professionals and para professionals with a thorough understanding of the developmental needs of pre-school handicapped and educationally deprived children.

Stage I. Pre-service is presented in two phases. Phase (1) is designed to familiarize, or update, new personnel with program goals, philosophy, policies and techniques. Some subject areas covered are: learning strategies and application; curriculum development; child assessment; reinforcement techniques; recording procedures; prescriptive utilization; referral agencies (available community resources); and, case load evaluation of home visits.

Phase (2) of pre-service is organized around a practice or "how to" format. Opportunity is provided for intensive practice in use of curriculum. Individual prescriptions from case studies are written and evaluated through demonstration; assessment instruments are utilized and data compilations made. The staff role plays various situations, both previously experienced by senior staff members or anticipated by individual or group consensus. Such "problem" areas may be Home Advisor-Parent interactions, Home Advisor-Child relationships; or community agency personnel involvement. Frequent critiques are conducted to explore the use of reinforcement. Specifically, use of reinforcement techniques the staff have practiced among themselves are identified, usefulness in behavior maintenance and the importance of systematic application emphasized.

Stage II. On the job training (OJT). New staff are assigned, with supervision, to their first case load at Pleasant Hill Developmental Center in Marshalltown. Here they observe children in daily classroom activities and, after selecting a target child, begin collecting assessment information. Skill deficiencies are determined; priority behavioral goals are specified and baseline data is recorded Through observation, teacher consultation, parent conferences, and staffings, relevant reinforcers are agreed upon and "treatment" is introduced to enhance skill acquisition.

Stage III The inservice stage of staff training concerns transition from a totally structured school experience to home visits accompanied by senior staff members The new staff member begins to plan the home visit, write weekly prescriptions and, through weekly case load staffings, analyze her own efficiency in working with the parents and child within a home setting. On going training is promoted through the use of "on site" or "in home" evaluation, periodic qualifier exams, required readings and weekly staffings

The Home Advisor visits the home once a week for approximately one-and-a-half hours during the first year that the family is involved in the project (The second year it will be every other week and the third year will be once per month). Each visit will be divided into three segments: Review of past week's progress, demonstration by Home Advisor and planning for following week.

The review of the past week's progress will be made by the parents, based on the child's daily records. The record form will describe the learning episode/s to be conducted, and a place for daily progress. This form will be made out in duplicate, one for the parent to keep for later reference, and one for the Home Advisor to utilize in future planning. The demonstration of the new learning episodes will be carefully described to the parents.

In turn, the parents will conduct the same activity while the Home Advisor is observing. Planning for the following week will be conducted at the end of the visit. The parent/s and the Home Advisor will discuss, and decide, what learning episodes will be carried out during the coming week, and discuss plans for the next visit. The parents will carry out individually prescribed learning episodes following the instructions left with the materials and recording the progress of the child. Control factors will be built into all learning episodes so that failure is diminished and more successes are experienced by children and their parents. The Home Advisors are able to utilize any of the ancillary personnel that they feel would be beneficial in their home visits.

It will be the responsibility of the Home Advisor to complete a weekly report on each family, describing in a comprehensive manner the learning episodes conducted, parent problems and child progress. A master file is maintained on each child.

Various professionals are instrumental in offering assistance to the Home Advisors in a consultative capacity The Marshall-Poweshiek Joint County System has an excellent staff of School Psychologists, Speech and Hearing Clinicians, an Educational Strategist, a Media Specialist and consultants in the areas of pre-school education, mental retardation and learning disabilities. These professionals are often asked to assist in planning strategies for children with specific problems

School Psychologists and Speech Clinicians from the other counties in Area VI are also utilized for consultation about referrals from their location. Many professional people help in many ways to provide the best program for each child in the Marshalltown Project

The Advisory Council meets on a monthly basis during the first year of the project The primary functions of the advisory council is to develop a comprehensive network of cooperation and coordination of activities for pre-school children; to help disseminate information about the project; to provide staff of the project with current information about the resources available within the community and to aid in referral and recruitment procedures.

"MARSHALLTOWN PROJECT SLIDE/TAPE TEST"

CIRCLE THE CORRECT ANSWER:

T F 1. Kindergarten age is sufficiently early in the child's life to diagnose his special needs.

T F 2. Referrals to the "Marshalltown Project" are accepted only from professionals in the areas of child development, health, or education.

T F 3. Parents in the program are expected to conduct learning episodes with their child daily and record their progress on a graph.

T F 4. The "Marshalltown Project" serves only families in the lower socio-economic bracket.

T F 5. A Home Advisor will attempt to work with a needy child, regardless of whether the parent expresses interest and willingness to cooperate.

T F 6. The "Marshalltown Project" is non-profit and publicaly funded.

T F 7. An enriching Kindergarten setting is likely to compensate for what a child has missed in a stimulus-deprived home, so that he can compete equally and achieve readily.

T F 8. Home Advisors must have professional training in Child Development, Special Education or Psychology.

COMPLETION:

1. The two broadly defined types of children which the "Marshalltown Project" serves are: ____________________ and ______________________.

2. The prime objective of the "Marshalltown Project" is:

____.

3. List at least three types of handicapping conditions which eligible children might display: _________________________, _____________________

____.

4. How is the content of a home visit structured? That is: What definite steps or activity segments does the Advisor plan for each visit?

____

____

____

____

5. Various professionals, instrumental in offering assistance to the Home Advisors, in a consultative capacity, are provided by:

____

6. The three skill areas which the Developmental Profile measures, are:

____________________, ____________________,

and, ______________________________.

7. List at least one function of the Advisory Council:

____.

8. A Behavioral Prescription is comparable to a medical prescription in that -

____

____

____

____

9. Control factors will be built into all learning episodes in order that a minimum of ______________________________ is experienced by a child or his parents.

10. A maximum number of ____________________ experiences are desired for both child and parent.

DAY: 1

TIME: 9:15-9:45

TITLE: Standardized Assessment Procedures

OBJECTIVE: To stress the need for close adherence to directions given by test authors for the correct administration and scoring of an assessment instrument.

PROCEDURE: The instructor or a school psychologist should give the presentation to be followed by discussion.

MATERIAL: The presentation entitled: "Standardized Assessment Procedures"

EVALUATION: 1. Complete training critique, p. 170.

2. Discussion.

STANDARDIZED ASSESSMENT PROCEDURES

As a Home Advisor, you will be called upon to administer, score, or interpret some standardized tests. By standardized, we mean a uniformity of procedure in the administration and scoring of the evaluation instrument. Enough stress cannot be placed on the need for a close adherence to the directions given by the test authors for the correct administration and scoring of the instrument.

Only with a valid and reliable administration of the particular assessment tool can scores obtained by different individuals be comparable. In order to provide for uniformity in testing situations, the authors of the assessment tools you will use have provided detailed directions for the administration and scoring of each test. These directions concerning the standardization include the test materials employed, time limits allowed for completion of various segments of the evaluation, oral instructions to be given to the subjects, methods of demonstration, the physical layout of the testing situation, and methods to develop rapport and to handle various questions and inquiries by the subjects. Instructions may also be given concerning the rate of speaking to be used by the examiner, the tone of voice, inflections, pauses, and facial expressions. When you become thoroughly familiar with an assessment tool and consistently adhere to correct methods of administration and scoring, there will be consistent scoring of a given subject (reliability) and there will also be the likelihood of the test measuring what it purports to measure (validity).

PROBLEMS OF TEST ADMINISTRATION

A most important requirement for good testing is advance preparation. This eliminates the possibility of emergencies arising during the testing situation.

One should make attempts to foresee any emergencies that may occur and should be prepared for these so as not be caught off guard. Only in this way can uniform procedures be assured. Advance preparation for the administration of a diagnostic tool include:

A. The memorization of the verbal instructions utilized in a given test.

B. Familiarity, or memorization, with the evaluation procedures helps prevent misreading and hesitation as well as providing chances for a more natural, informal manner during the test administration.

C. One should also have the test materials prepared in advance of the actual administration. Such preparation may involve the actual layout of the necessary materials to facilitate subsequent use of the materials with a minimum search or fumbling. When working with a pre-school child, the materials should generally be placed on a chair near the testing table so that they are within easy reach of the examiner, but are not within sight of the child or within his grasp.

The standardized procedures apply not only to verbal instructions, timing, and materials, but also to the testing environment. One should make all attempts to ensure that the room in which the evaluation will be conducted is adequately lighted and free from undue noise and distration. Although this will be rather difficult to obtain in many of the homes, it will still be the responsibility of the examiner to ensure that siblings, pets, and unnecessary adult figures are out of the room so as not to be a distracting, interfering influence on the child. When the distractible stimuli are impossible to eliminate, the table used for testing should be situated in such a way that the child faces the examiner with the distracting stimuli behind the child, thus affording the child a better opportunity to concentrate on the tasks at hand. Special attempts should be made to prevent interruptions during the test as the child may be working on a timed item, wherein an interruption may distract him, thus unduly jeopardizing his chances of successfully accomplishing the given task. It is extremely important to realize the extent to which testing conditions may influence scores. Even apparently minor aspects of the testing situation may appreciably alter performance, particularly when working with a young child, who because of his age, is highly susceptible to distractions.

RAPPORT

Rapport refers to an examiner's efforts to arouse the subject's interest in the test, to elicit the subject's cooperation, and to ensure that he follows the standard test instructions. The assessment tools you will utilize have been standardized on a group of children who have been given instructions for careful concentration on a given task and who have put forth their best effort to perform well. Thus, it becomes your responsibility to ensure that the child is properly motivated and interested in the evaluation if you are to ensure the accuracy of the test results.

Specific techniques for establishing rapport vary with the nature of the test and with the age and other characteristics of the subjects. In working with pre-school children, one must consider their shyness with strangers, their distractibility, and possible negativism. A friendly, cheerful and relaxed manner on the part of the examiner helps to reassure the child. The shy, timid child needs more preliminary time to become familiar with his surroundings. For this reason, it is better for the examiner not to be too demonstrative at the onset, but rather to wait until the child is ready to make the first contact. Test periods should be brief, and the tasks should be presented to the child as a game and his curiosity aroused before each new task is introduced. A certain flexibility of procedure is necessary at this age level, because of possible refusals, loss of interest, or other manifestations of negativism. The game appeal is the most effective way of arousing interest in the pre-school age child. It is important not to simultaneously manipulate materials and give oral commands as a young and/or distractible child may attend only to the material or the command thus becoming confused as to what is expected of him.

It should be borne in mind that every test presents an implied threat to the individual's prestige. Some reassurance should, therefore, be given at the onset that no one is expected to finish or to get all of the items correct. The individual might otherwise experience a sense of failure as he finds that he is unable to finish every part of the test within the time allowed. If you should find yourself in the predicament in which the initial items administered are doo difficult for the child and subsequently he becomes negative toward further testing, you might attempt the administration of items that you know are easily within the child's ability to successfully accomplish and then increase your level of demand until a ceiling is achieved.

The remainder of this segment of your in-service training will be devoted to your familiarization with the administration and scoring procedures used in the Marshalltown Behavioral Developmental Profile and in the Alpern-Boll Developmental Profile.

DAY: 1

TIME: 9:45-11:30

TITLE: The "Marshalltown Behavioral Developmental Profile."

OBJECTIVE: The trainees will familiarize themselves with the Marshalltown Behavioral Developmental Profile and score a hypothetical case study with 95% accuracy.

PROCEDURE: The instructor will explain and discuss the following areas of the Marshalltown Behavioral Developmental Profile:

1. Purpose - page 1 of the profile.
2. Rationale - page 2 of the profile.
3. Use - page 3 of the profile.
4. Scoring procedures for the Marshalltown Developmental Profile.
5. The score sheet.
6. Computation table.

"Case study" score sheets will be given each trainee. The first practice score sheet (Herkimer) will be scored by the instructor on an overlay. The second and third practice sheets will be scored by the trainees with instructor assistance.

MATERIAL: Marshalltown Behavioral Developmental Profile.
Practice score sheets (Herkimer, Dilbert, and Sebastian).
Computation table.
Sample blow-up of score results (score sheet summation).

EVALUATION:

1. The trainees will score Sebastian score sheet with 95% accuracy.

2. Complete training critique, p. 170.

3. Discussion.

SCORING PROCEDURES FOR MARSHALLTOWN BEHAVIORAL DEVELOPMENTAL PROFILE

Use score sheet to record items passed or failed. Indicate passing with (+) and failing with (0).

Maintaining rapport is a necessity, but once the child begins to cooperate, interest can usually be maintained by quickly moving along from one task to the next. Materials should be carefully organized so that the child does not lose interest while the examiner gropes for the appropriate toy or profile item.

Questions or tasks, other than memory items, may be repeated or attempted as many times as is realistically necessary to elicit a response.

When asking a child to repeat digits do not group the numbers in any way. Say them in a monotonous manner at the rate of one per second.

Administration of the profile is not timed and if the child's interest and cooperation cannot be maintained, it may be necessary to stop and continue at a later time.

Testing conditions should be considered. If distractions are too great, find another place.

Mothers, or others, can be present, but they should not be allowed to give the child cues.

If a response is wrong, do not repeat the question or task or show that it is wrong by waiting for another response. Examiners should be alert to possible misunderstanding of directions or faults in hearing or indistinct speech.

Evaluation in each category should start with tasks the child can successfully do. Two age segments should be completed without error by the child to establish a double basal. Evaluation should proceed until the child experiences failure for two consecutive age segments to establish a double ceiling.

The Profile is grouped by one-month segments through the first twelve months of age; three-month segments from 12 months through 24 months; six-month segments from 24 through 36 months and twelve-month segments from 36 through 72 months. The value of each item is dependent upon the number of items in each age segment. Example: At age 18 to 21 months, there are two items in communication; hence, each correct or passed item is worth 1.50 months

$\begin{array}{l} \qquad\quad 1.5\text{ months}) \\ (2\text{ items}\,\overline{)\,3\text{ months.}} \end{array}$ In the same age segment, motor has 5 items with a value

of .60 each $\begin{array}{l} \qquad\quad .60\text{ months}) \\ (5\text{ items}\,\overline{)\,3\text{ months}} \end{array}$. In social there are 7 items

$\begin{array}{l} \qquad\quad .43\text{ months}) \\ (7\text{ items}\,\overline{)\,3\text{ months}} \end{array}$.

To eliminate the need for multiplying the number correct by the value attributed to each particular item, a computation table is included.

The number of correct items is represented vertically and the value of each item is represented horizontally.

To compute total credit for a particular category, add the value of the correct items in each age segment to the basal age. Either the score or an equivalency age can be used for eligibility determinants and/or priority comparisons.

Form XVII MARSHALLTOWN BEHAVIORAL DEVELOPMENT PROFILE SCORE SHEET

CHILD'S NAME: ______________________ SEX: __________ DATE: ______________

PARENT'S NAMES: ______________________ BIRTHDATE: ______________

PHONE: __________ EXAMINER: ______________________ CA: ______________

ADDRESS: CITY:

COMM	MOTOR	SOCIAL
0 - 1 months		
1.1 ___	2.1 ___	
(1.00)	(1.00)	
1 - 2 months		
1.2 ___ 1.3 ___ 1.4 ___	2.2 ___ 2.3 ___	
(.33)	(.50)	
2 - 3 months		
1.5 ___ 1.6 ___	2.4 ___ 2.5 ___	
(.50)	(.50)	
3 - 4 months		
1.7 ___	2.6 ___ 2.7 ___ 2.8 ___	
(1.00)	(.33)	
4 - 5 months		
1.8 ___ 1.9 ___	2.9 ___ 2.10 ___ 2.11 ___ 2.12 ___	
(.50)	(.25)	
5 - 6 months		
1.10 ___	2.13 ___ 2.14 ___ 2.15 ___ 2.16 ___ 2.17 ___	3.1 ___ 3.2 ___
(1.00)	(.20)	(.50)

COMM.	MOTOR	SOCIAL
6 - 7 months		
1.11 ___	2.18 ___ 2.19 ___ 2.20 ___	3.3 ___ 3.4 ___ 3.5 ___ 3.6 ___ 3.7 ___ 3.8 ___ 3.9 ___ 3.10 ___
(1.00)	(.33)	(.13)
7 - 8 months		
1.12 + 1.13 + 1.14 +	2.21 ___ 2.22 ___	3.11 ___ 3.12 ___ 3.13 ___
(.33)	(.50)	(.33)
8 - 9 months		
1.15 + 1.16 + 1.17 + =	2.23 ___ 2.24 ___ 2.25 ___	3.14 ___ 3.15 ___
(.33)	(.33)	(.50)
9 - 10 months		
1.18 ___ 1.19 ___	2.26 ___ 2.27 ___ 2.28 ___ 2.29 ___ 2.30 ___ 2.31 ___	3.16 ___ 3.17 ___
(.50)	(.17)	(.50)

DOUBLE BASAL

COMM.	MOTOR	SOCIAL
10 - 11 months		
1.20 ___ 1.21 ___	2.32 ___ 2.33 ___ 2.34 ___	3.18 ___ 3.19 ___ 3.20 ___ 3.21 ___
(.50)	(.33)	(.25)
11 - 12 months		
1.22 ___ 1.23 ___	2.35 ___ 2.36 ___ 2.37 ___ 2.38 ___ 2.39 ___ 2.40 ___	3.22 ___ 3.23 ___ 3.24 ___ 3.25 ___ 3.26 ___ 3.27 ___
(.50)	(.17)	(.17)
12 - 15 months		
1.24 0 1.25 0 1.26 0 1.27 0 1.28 0	2.41 ___ 2.42 ___ 2.43 ___ 2.44 ___ 2.45 ___ 2.46 ___	3.28 ___ 3.29 ___ 3.30 ___
(.60)	(.50)	(1.00)
15 - 18 months		
1.29 0 1.30 0 1.31 0 =	2.47 ___ 2.48 ___ 2.49 ___ 2.50 ___ 2.51 ___ 2.52 ___ 2.53 ___ 2.54 ___ 2.55 ___	3.31 ___ 3.32 ___ 3.33 ___ 3.34 ___ 3.35 ___ 3.36 ___ 3.37 ___ 3.38 ___ 3.39 ___
(1.00)	(.33)	

DOUBLE CEILING

COMM.	MOTOR	SOCIAL
15 - 18 months		
		3.40___
		3.41___
		3.42___
		(.25)
18 - 21 months		
1.32___	2.56___	3.43___
1.33___	2.57___	3.44___
	2.58___	3.45___
	2.59___	3.46___
	2.60___	3.47___
		3.48___
		3.49___
(1.50)	(.60)	(.43)
21 - 24 months		
1.34___	2.61___	3.50___
1.35___	2.62___	3.51___
1.36___	2.63___	3.52___
1.37___	2.64___	3.53___
	2.65___	3.54___
	2.66___	3.55___
	2.67___	
	2.68___	
	2.69___	
	2.70___	
	2.71___	
	2.72___	
	2.73___	
(.75)	(.23)	(.50)
24 - 30 months		
1.38___	2.74___	3.56___
1.39___	2.75___	3.57___
1.40___	2.76___	3.58___
1.41___	2.77___	3.59___
1.42___	2.78___	
1.43___	2.79___	
1.44___	2.80___	
1.45___	2.81___	
1.46___		
1.47___		
1.48___		
(.55)	(.75)	(1.50)

COMM.	MOTOR	SOCIAL
30 - 36 months		
1.49___	2.82___	3.60___
1.50___	2.83___	3.61___
1.51___	2.84___	3.62___
1.52___	2.85___	3.63___
1.53___	2.86___	3.64___
1.54___	2.87___	3.65___
1.55___	2.88___	3.66___
1.56___	2.89___	3.67___
1.57___	2.90___	3.68___
1.58___		3.69___
1.59___		3.70___
1.60___		3.71___
		3.72___
		3.73___
		3.74___
		3.75___
		3.76___
(.50)	(.67)	(.35)
36 - 48 months		
1.61___	2.91___	3.77___
1.62___	2.92___	3.78___
1.63___	2.93___	3.79___
1.64___	2.94___	3.80___
1.65___	2.95___	3.81___
1.66___		3.82___
		3.83___
		3.84___
		3.85___
		3.86___
		3.87___
		3.88___
		3.89___
		3.90___
		3.91___
		3.92___
		3.93___
		3.94___
		3.95___
		3.96___
		3.97___
(2.00)	(2.40)	(.57)

COMM.	MOTOR	SOCIAL
48 - 60 months		
1.67___	2.96___	3.98___
1.68___	2.97___	3.99___
1.69___	2.98___	3.100___
1.70___	2.99___	3.101___
1.71___	2.100___	3.102___
1.72___	2.101___	3.103___
1.73___	2.102___	3.104___
1.74___	2.103___	3.105___
1.75___		3.106___
1.76___		3.107___
1.77___		3.108___
1.78___		3.109___
1.79___		3.110___
1.80___		3.111___
1.81___		
1.82___		
(.75)	(1.50)	(.86)
60 - 72 months		
1.83___	2.104___	3.112___
1.84___	2.105___	3.113___
1.85___	2.106___	3.114___
1.86___	2.107___	3.115___
1.87___	2.108___	3.116___
1.88___	2.109___	3.117___
1.89___	2.110___	
1.90___	2.111___	
1.91___	2.112___	
1.92___	2.113___	
1.93___	2.114___	
	2.115___	
	2.116___	
	2.117___	
(1.09)	(.86)	(2.00)
A S	A S	A S
CA S	X S	

Form XVII MARSHALLTOWN BEHAVIORAL DEVELOPMENT PROFILE SCORE SHEET

CHILD'S NAME: Herkimer Humperdinck SEX: M DATE: 73-12-15
PARENT'S NAMES: Oliva & Wolfram BIRTHDATE: 69-8-10
PHONE: 2-3456 EXAMINER: W.C. CA: ___
ADDRESS: 789 Lovelace Lane CITY: Happysville

	COMM	MOTOR	SOCIAL
0 - 1 months	1.1 ___ (1.00)	2.1 ___ (1.00)	
1 - 2 months	1.2 ___ 1.3 ___ 1.4 ___ (.33)	2.2 ___ 2.3 ___ (.50)	
2 - 3 months	1.5 ___ 1.6 ___ (.50)	2.4 ___ 2.5 ___ (.50)	
3 - 4 months	1.7 ___ (1.00)	2.6 ___ 2.7 ___ 2.8 ___ (.33)	
4 - 5 months	1.8 ___ 1.9 ___ (.50)	2.9 ___ 2.10 ___ 2.11 ___ 2.12 ___ (.25)	
5 - 6 months	1.10 ___ (1.00)	2.13 ___ 2.14 ___ 2.15 ___ 2.16 ___ 2.17 ___ (.20)	3.1 ___ 3.2 ___ (.50)
6 - 7 months	1.11 ___ (1.00)	2.18 ___ 2.19 ___ 2.20 ___ (.33)	3.3 ___ 3.4 ___ 3.5 ___ 3.6 ___ 3.7 ___ 3.8 ___ 3.9 ___ 3.10 ___ (.13)
7 - 8 months	1.12 ___ 1.13 ___ 1.14 ___ (.33)	2.21 ___ 2.22 ___ (.50)	3.11 ___ 3.12 ___ 3.13 ___ (.33)
8 - 9 months	1.15 ___ 1.16 ___ 1.17 ___ (.33)	2.23 ___ 2.24 ___ 2.25 ___ (.33)	3.14 ___ 3.15 ___ (.50)
9 - 10 months	1.18 ___ 1.19 ___ (.50)	2.26 ___ 2.27 ___ 2.28 ___ 2.29 ___ 2.30 ___ 2.31 ___ (.17)	3.16 ___ 3.17 ___ (.50)
10 - 11 months	1.20 ___ 1.21 ___ (.50)	2.32 ___ 2.33 ___ 2.34 ___ (.33)	3.18 ___ 3.19 ___ 3.20 ___ 3.21 ___ (.25)
11 - 12 months	1.22 ___ 1.23 ___ (.50)	2.35 ___ 2.36 ___ 2.37 ___ 2.38 ___ 2.39 ___ 2.40 ___ (.17)	3.22 ___ 3.23 ___ 3.24 ___ 3.25 ___ 3.26 ___ 3.27 ___ (.17)
12 - 15 months	1.24 ___ 1.25 ___ 1.26 ___ 1.27 ___ 1.28 ___ (.60)	2.41 ___ 2.42 ___ 2.43 ___ 2.44 ___ 2.45 ___ 2.46 ___ (.50)	3.28 ___ 3.29 ___ 3.30 ___ (1.00)
15 - 18 months	1.29 ___ 1.30 ___ 1.31 ___ (1.00)	2.47 ___ 2.48 ___ 2.49 ___ 2.50 ___ 2.51 ___ 2.52 ___ 2.53 ___ 2.54 ___ 2.55 ___ (.33)	3.31 ___ 3.32 ___ 3.33 ___ 3.34 ___ 3.35 ___ 3.36 ___ 3.37 ___ 3.38 ___ 3.39 ___

COMM.	MOTOR	SOCIAL
15 - 18 months		
		3.40 ___
		3.41 ___
		3.42 ___
		(.25)

COMM.	MOTOR	SOCIAL
18 - 21 months		
1.32 ___	2.56 ___	3.43 ___
1.33 ___	2.57 ___	3.44 ___
	2.58 ___	3.45 ___
	2.59 ___	3.46 ___
	2.60 ___	3.47 ___
		3.48 ___
		3.49 ___
(1.50)	(.60)	(.43)

COMM.	MOTOR	SOCIAL
21 - 24 months		
1.34 +	2.61 +	3.50 ___
1.35 +	2.62 +	3.51 ___
1.36 +	2.63 +	3.52 ___
1.37 +	2.64 +	3.53 ___
	2.65 +	3.54 ___
	2.66 +	3.55 ___
	2.67 +	
	2.68 +	
	2.69 +	
	2.70 +	
	2.71 +	
	2.72 +	
	2.73 +	
(.75)	(.23)	(.50)

COMM.	MOTOR	SOCIAL
24 - 30 months		
1.38 +	2.74 +	3.56 +
1.39 +	2.75 +	3.57 +
1.40 +	2.76 +	3.58 +
1.41 +	2.77 +	3.59 +
1.42 +	2.78 +	
1.43 +	2.79 +	
1.44 +	2.80 +	
1.45 +	2.81 +	
1.46 +		
1.47 +		
1.48 +		
(.55)	(.75)	(1.50)

COMM.	MOTOR	SOCIAL
30 - 36 months		
1.49 0	2.82 +	3.60 +
1.50 0	2.83 +	3.61 +
1.51 +	2.84 +	3.62 +
1.52 +	2.85 +	3.63 +
1.53 +	2.86 +	3.64 +
1.54 +	2.87 +	3.65 +
1.55 +	2.88 +	3.66 +
1.56 +	2.89 +	3.67 +
1.57 +	2.90 0	3.68 +
1.58 0		3.69 +
1.59 +		3.70 +
1.60 +		3.71 +
		3.72 +
		3.73 +
		3.74 +
		3.75 +
		3.76 +
(.50)	(.67)	(.35)

COMM.	MOTOR	SOCIAL
36 - 48 months		
1.61 +	2.91 +	3.77 +
1.62 0	2.92 0	3.78 +
1.63 +	2.93 0	3.79 +
1.64 +	2.94 +	3.80 +
1.65 +	2.95 0	3.81 +
1.66 0		3.82 +
		3.83 +
		3.84 0
		3.85 +
		3.86 +
		3.87 +
		3.88 +
		3.89 +
		3.90 +
		3.91 +
		3.92 0
		3.93 +
		3.94 0
		3.95 +
		3.96 +
		3.97 +
(2.00)	(2.40)	(.57)

COMM.	MOTOR	SOCIAL
48 - 60 months		
1.67 +	2.96 0	3.98 0
1.68 +	2.97 0	3.99 +
1.69 0	2.98 0	3.100 +
1.70 0	2.99 0	3.101 0
1.71 0	2.100 +	3.102 0
1.72 0	2.101 0	3.103 +
1.73 0	2.102 +	3.104 +
1.74 +	2.103 0	3.105 +
1.75 0		3.106 +
1.76 0		3.107 0
1.77 0		3.108 0
1.78 0		3.109 0
1.79 0		3.110 0
1.80 +		3.111 0
1.81 +		
1.82 0		
(.75)	(1.50)	(.86)

COMM.	MOTOR	SOCIAL
60 - 72 months		
1.83 0	2.104 0	3.112 0
1.84 0	2.105 0	3.113 +
1.85 0	2.106 0	3.114 0
1.86 0	2.107 0	3.115 +
1.87 0	2.108 +	3.116 +
1.88 0	2.109 0	3.117 0
1.89 0	2.110 0	
1.90 0	2.111 0	
1.91 0	2.112 0	
1.92 0	2.113 0	
1.93 0	2.114 0	
	2.115 0	
	2.116 0	
	2.117 0	
(1.09)	(.86)	(2.00)
A S	A S	A S
CA S	X S	

*SEE APPENDIX

Form XVII MARSHALLTOWN BEHAVIORAL DEVELOPMENT PROFILE SCORE SHEET

CHILD'S NAME: Dilbert Parfart SEX: m DATE: 72-11-10
PARENT'S NAMES: Dillingham + Portia BIRTHDATE: 68-8-3
PHONE: 2-2222 EXAMINER: W.C. CA: ___
ADDRESS: 22 Sundance Road CITY: Marshalltown

	COMM	MOTOR	SOCIAL
0 - 1 months	1.1 ___ (1.00)	2.1 ___ (1.00)	
1 - 2 months	1.2 ___ 1.3 ___ 1.4 ___ (.33)	2.2 ___ 2.3 ___ (.50)	
2 - 3 months	1.5 ___ 1.6 ___ (.50)	2.4 ___ 2.5 ___ (.50)	
3 - 4 months	1.7 ___ (1.00)	2.6 ___ 2.7 ___ 2.8 ___ (.33)	
4 - 5 months	1.8 ___ 1.9 ___ (.50)	2.9 ___ 2.10 ___ 2.11 ___ 2.12 ___ (.25)	
5 - 6 months	1.10 ___ (1.00)	2.13 ___ 2.14 ___ 2.15 ___ 2.16 ___ 2.17 ___ (.20)	3.1 ___ 3.2 ___ (.50)
6 - 7 months	1.11 ___ (1.00)	2.18 ___ 2.19 ___ 2.20 ___ (.33)	3.3 ___ 3.4 ___ 3.5 ___ 3.6 ___ 3.7 ___ 3.8 ___ 3.9 ___ 3.10 ___ (.13)
7 - 8 months	1.12 ___ 1.13 ___ 1.14 ___ (.33)	2.21 ___ 2.22 ___ (.50)	3.11 ___ 3.12 ___ 3.13 ___ (.33)
8 - 9 months	1.15 ___ 1.16 ___ 1.17 ___ (.33)	2.23 ___ 2.24 ___ 2.25 ___ (.33)	3.14 ___ 3.15 ___ (.50)
9 - 10 months	1.18 ___ 1.19 ___ (.50)	2.26 ___ 2.27 ___ 2.28 ___ 2.29 ___ 2.30 ___ 2.31 ___ (.17)	3.16 ___ 3.17 ___ (.50)
10 - 11 months	1.20 ___ 1.21 ___ (.50)	2.32 ___ 2.33 ___ 2.34 ___ (.33)	3.18 ___ 3.19 ___ 3.20 ___ 3.21 ___ (.25)
11 - 12 months	1.22 ___ 1.23 ___ (.50)	2.35 ___ 2.36 ___ 2.37 ___ 2.38 ___ 2.39 ___ 2.40 ___ (.17)	3.22 ___ 3.23 ___ 3.24 ___ 3.25 ___ 3.26 ___ 3.27 ___ (.17)
12 - 15 months	1.24 ___ 1.25 ___ 1.26 ___ 1.27 ___ 1.28 ___ (.60)	2.41 ___ 2.42 ___ 2.43 ___ 2.44 ___ 2.45 ___ 2.46 ___ (.50)	3.28 ___ 3.29 ___ 3.30 ___ (1.00)
15 - 18 months	1.29 ___ 1.30 ___ 1.31 ___ (1.00)	2.47 ___ 2.48 ___ 2.49 ___ 2.50 ___ 2.51 ___ 2.52 ___ 2.53 ___ 2.54 ___ 2.55 ___ (.33)	3.31 ___ 3.32 ___ 3.33 ___ 3.34 ___ 3.35 ___ 3.36 ___ 3.37 ___ 3.38 ___ 3.39 ___

DILBERT PARFART

15 - 18 months

COMM.	MOTOR	SOCIAL
		3.40 ___
		3.41 ___
		3.42 ___
		(.25)

18 - 21 months

COMM.	MOTOR	SOCIAL
1.32 ___	2.56 ___	3.43 ___
1.33 ___	2.57 ___	3.44 ___
	2.58 ___	3.45 ___
	2.59 ___	3.46 ___
	2.60 ___	3.47 ___
		3.48 ___
		3.49 ___
(1.50)	(.60)	(.43)

21 - 24 months

COMM.	MOTOR	SOCIAL
1.34 ___	2.61 +	3.50 ___
1.35 ___	2.62 +	3.51 ___
1.36 ___	2.63 +	3.52 ___
1.37 ___	2.64 +	3.53 ___
	2.65 +	3.54 ___
	2.66 +	3.55 ___
	2.67 +	
	2.68 +	
	2.69 +	
	2.70 +	
	2.71 +	
	2.72 +	
	2.73 +	
(.75)	(.23)	(.50)

24 - 30 months

COMM.	MOTOR	SOCIAL
1.38 ___	2.74 +	3.56 ___
1.39 ___	2.75 +	3.57 ___
1.40 ___	2.76 +	3.58 ___
1.41 ___	2.77 +	3.59 ___
1.42 ___	2.78 +	
1.43 ___	2.79 +	
1.44 ___	2.80 +	
1.45 ___	2.81 +	
1.46 ___		
1.47 ___		
1.48 ___		
(.55)	(.75)	(1.50)

30 - 36 months

COMM.	MOTOR	SOCIAL
1.49 +	2.82 +	3.60 +
1.50 +	2.83 0	3.61 +
1.51 +	2.84 +	3.62 +
1.52 +	2.85 0	3.63 +
1.53 +	2.86 0	3.64 +
1.54 +	2.87 +	3.65 +
1.55 +	2.88 +	3.66 +
1.56 +	2.89 0	3.67 +
1.57 +	2.90 0	3.68 +
1.58 +		3.69 +
1.59 +		3.70 +
1.60 +		3.71 +
		3.72 +
		3.73 +
		3.74 +
		3.75 +
		3.76 +
(.50)	(.67)	(.35)

36 - 48 months

COMM.	MOTOR	SOCIAL
1.61 +	2.91 0	3.77 +
1.62 +	2.92 +	3.78 +
1.63 +	2.93 0	3.79 +
1.64 +	2.94 0	3.80 +
1.65 +	2.95 +	3.81 +
1.66 +		3.82 +
		3.83 +
		3.84 +
		3.85 +
		3.86 +
		3.87 +
		3.88 +
		3.89 +
		3.90 +
		3.91 +
		3.92 +
		3.93 +
		3.94 +
		3.95 +
		3.96 +
		3.97 +
(2.00)	(2.40)	(.57)

48 - 60 months

COMM.	MOTOR	SOCIAL
1.67 +	2.96 0	3.98 +
1.68 0	2.97 0	3.99 0
1.69 +	2.98 +	3.100 +
1.70 +	2.99 0	3.101 0
1.71 +	2.100 0	3.102 +
1.72 +	2.101 0	3.103 0
1.73 0	2.102 0	3.104 +
1.74 0	2.103 0	3.105 0
1.75 0		3.106 0
1.76 +		3.107 0
1.77 +		3.108 +
1.78 +		3.109 +
1.79 +		3.110 0
1.80 0		3.111 0
1.81 +		
1.82 0		
(.75)	(1.50)	(.86)

60 - 72 months

COMM.	MOTOR	SOCIAL
1.83 +	2.104 0	3.112 +
1.84 0	2.105 0	3.113 0
1.85 +	2.106 0	3.114 0
1.86 0	2.107 0	3.115 +
1.87 0	2.108 +	3.116 0
1.88 0	2.109 0	3.117 0
1.89 0	2.110 0	
1.90 +	2.111 0	
1.91 +	2.112 0	
1.92 +	2.113 0	
1.93 +	2.114 0	
	2.115 +	
	2.116 0	
	2.117 0	
(1.09)	(.86)	(2.00)

A S	A S	A S
CA S	X S	

* SEE APPENDIX

Form XVII MARSHALLTOWN BEHAVIORAL DEVELOPMENT PROFILE SCORE SHEET

CHILD'S NAME: Sebastian Crookshank SEX: m DATE: 73-8-21

PARENT'S NAMES: Grushenka + Pierre BIRTHDATE: 70-5-3

PHONE: 0-0000 EXAMINER: T.L.C. CA: ___

ADDRESS: 0000 Lovelace Lane CITY: Marshalltown

COMM	MOTOR	SOCIAL
0 - 1 months		
1.1 ___	2.1 ___	
(1.00)	(1.00)	
1 - 2 months		
1.2 ___ 1.3 ___ 1.4 ___	2.2 ___ 2.3 ___	
(.33)	(.50)	
2 - 3 months		
1.5 ___ 1.6 ___	2.4 ___ 2.5 ___	
(.50)	(.50)	
3 - 4 months		
1.7 ___	2.6 ___ 2.7 ___ 2.8 ___	
(1.00)	(.33)	
4 - 5 months		
1.8 ___ 1.9 ___	2.9 ___ 2.10 ___ 2.11 ___ 2.12 ___	
(.50)	(.25)	
5 - 6 months		
1.10 ___	2.13 ___ 2.14 ___ 2.15 ___	3.1 ___ 3.2 ___
(1.00)		(.50)

COMM.	MOTOR	SOCIAL
	2.16 ___ 2.17 ___	
	(.20)	
6 - 7 months		
1.11 ___	2.18 ___ 2.19 ___ 2.20 ___	3.3 ___ 3.4 ___ 3.5 ___ 3.6 ___ 3.7 ___ 3.8 ___ 3.9 ___ 3.10 ___
(1.00)	(.33)	(.13)
7 - 8 months		
1.12 ___ 1.13 ___ 1.14 ___	2.21 ___ 2.22 ___	3.11 ___ 3.12 ___ 3.13 ___
(.33)	(.50)	(.33)
8 - 9 months		
1.15 ___ 1.16 ___ 1.17 ___	2.23 ___ 2.24 ___ 2.25 ___	3.14 ___ 3.15 ___
(.33)	(.33)	(.50)
9 - 10 months		
1.18 ___ 1.19 ___	2.26 ___ 2.27 ___ 2.28 ___ 2.29 ___ 2.30 ___ 2.31 ___	3.16 ___ 3.17 ___
(.50)	(.17)	(.50)

COMM.	MOTOR	SOCIAL
10 - 11 months		
1.20 + 1.21 +	2.32 ___ 2.33 ___ 2.34 ___	3.18 + 3.19 + 3.20 + 3.21 +
(.50)	(.33)	(.25)
11 - 12 months		
1.22 + 1.23 +	2.35 ___ 2.36 ___ 2.37 ___ 2.38 ___ 2.39 ___ 2.40 ___	3.22 + 3.23 + 3.24 + 3.25 + 3.26 + 3.27 +
(.50)	(.17)	(.17)
12 - 15 months		
1.24 + 1.25 + 1.26 + 1.27 + 1.28 0	2.41 + 2.42 + 2.43 + 2.44 + 2.45 + 2.46 +	3.28 + 3.29 + 3.30 0
(.60)	(.50)	(1.00)
15 - 18 months		
1.29 + 1.30 0 1.31 +	2.47 + 2.48 + 2.49 + 2.50 + 2.51 + 2.52 + 2.53 + 2.54 + 2.55 +	3.31 0 3.32 0 3.33 + 3.34 + 3.35 0 3.36 0 3.37 + 3.38 + 3.39 +
(1.00)	(.33)	

SEBASTIAN CROOKSHANK

15 - 18 months

COMM.	MOTOR	SOCIAL
		3.40 +
		3.41 +
		3.42 +
		(.25)

18 - 21 months

COMM.	MOTOR	SOCIAL
1.32 0	2.56 0	3.43 +
1.33 +	2.57 +	3.44 0
	2.58 0	3.45 +
	2.59 +	3.46 0
	2.60 +	3.47 0
		3.48 0
		3.49 +
(1.50)	(.60)	(.43)

21 - 24 months

COMM.	MOTOR	SOCIAL
1.34 0	2.61 +	3.50 0
1.35 0	2.62 0	3.51 0
1.36 0	2.63 0	3.52 0
1.37 0	2.64 +	3.53 0
	2.65 0	3.54 0
	2.66 0	3.55 0
	2.67 +	
	2.68 +	
	2.69 +	
	2.70 0	
	2.71 0	
	2.72 +	
	2.73 +	
(.75)	(.23)	(.50)

24 - 30 months

COMM.	MOTOR	SOCIAL
1.38 0	2.74 +	3.56 0
1.39 0	2.75 +	3.57 0
1.40 0	2.76 0	3.58 0
1.41 0	2.77 0	3.59 0
1.42 +	2.78 0	
1.43 0	2.79 +	
1.44 0	2.80 0	
1.45 0	2.81 0	
1.46 0		
1.47 0		
1.48 0		
(.55)	(.75)	(1.50)

30 - 36 months

COMM.	MOTOR	SOCIAL
1.49 +	2.82 0	3.60___
1.50 0	2.83 0	3.61___
1.51 +	2.84 0	3.62___
1.52 0	2.85 0	3.63___
1.53 0	2.86 0	3.64___
1.54 0	2.87 0	3.65___
1.55 0	2.88 0	3.66___
1.56 0	2.89 0	3.67___
1.57 0	2.90 0	3.68___
1.58 0		3.69___
1.59 0		3.70___
1.60 0		3.71___
		3.72___
		3.73___
		3.74___
		3.75___
		3.76___
(.50)	(.67)	(.35)

36 - 48 months

COMM.	MOTOR	SOCIAL
1.61 0	2.91 0	3.77___
1.62 0	2.92 0	3.78___
1.63 0	2.93 0	3.79___
1.64 0	2.94 0	3.80___
1.65 0	2.95 0	3.81___
1.66 0		3.82___
		3.83___
		3.84___
		3.85___
		3.86___
		3.87___
		3.88___
		3.89___
		3.90___
		3.91___
		3.92___
		3.93___
		3.94___
		3.95___
		3.96___
		3.97___
(2.0[illegible])	(2.40)	(.57)

48 - 60 months

COMM.	MOTOR	SOCIAL
1.67 0	2.96___	3.98___
1.68 0	2.97___	3.99___
1.69 0	2.98___	3.100___
1.70 0	2.99___	3.101___
1.71 0	2.100___	3.102___
1.72 0	2.101___	3.103___
1.73 0	2.102___	3.104___
1.74 0	2.103___	3.105___
1.75 0		3.106___
1.76 0		3.107___
1.77 0		3.108___
1.78 0		3.109___
1.79 0		3.110___
1.80 0		3.111___
1.81 0		
1.82 0		
(.75)	(1.50)	(.86)

60 - 72 months

COMM.	MOTOR	SOCIAL
1.83___	2.104___	3.112___
1.84___	2.105___	3.113___
1.85___	2.106___	3.114___
1.86___	2.107___	3.115___
1.87___	2.108___	3.116___
1.88___	2.109___	3.117___
1.89___	2.110___	
1.90___	2.111___	
1.91___	2.112___	
1.92___	2.113___	
1.93___	2.114___	
	2.115___	
	2.116___	
	2.117___	
(1.09)	(.86)	(2.00)

A S	A S	A S
CA S	X S	

* SEE APPENDIX

COMPUTATION TABLE

(corrected to .0000)(1.000 and 2.000 omitted)

NUMBER CORRECT	VALUES																			
1	.13	.17	.20	.23	.25	.33	.35	.43	.50	.55	.57	.60	.67	.75	.86	1.09	1.50	2.40		
2	.25	.33	.40	.46	.50	.67	.71	.86	1.00	1.09	1.14	1.20	1.33	1.50	1.71	2.18	3.00	4.80		
3	.38	.50	.60	.69	.75	1.00	1.06	1.29	1.50	1.64	1.71	1.80	2.00	2.25	2.57	3.27	4.50	7.20		
4	.50	.67	.80	.92	1.00	1.33	1.41	1.72	2.00	2.18	2.29	2.40	2.67	3.00	3.43	4.36	6.00	9.60		
5	.63	.84	1.00	1.16	1.25	1.67	1.77	2.15	2.50	2.73	2.86	3.00	3.33	3.75	4.29	5.46	7.50	12.00		
6	.75	1.00		1.39	1.50	2.00	2.12	2.57	3.00	3.27	3.43		4.00	4.50	5.14	6.55	9.00			
7	.88			1.62	1.75	2.33	2.47	3.00	3.50	3.82	4.00		4.67	5.25	6.00	7.64	10.50			
8	1.00			1.85	2.00	2.66	2.83		4.00	4.36	4.57		5.33	6.00	6.86	8.73	12.00			
9				2.08	2.25	3.00	3.18		4.50	4.91	5.14		6.00	6.75	7.71	9.82				
10				2.31	2.50		3.53		5.00	5.45	5.71			7.50	8.57	10.91				
11				2.54	2.75		3.88		5.50	6.00	6.29			8.25	9.43	12.00				
12				2.77	3.00		4.24		6.00		6.86			9.00	10.28					
13				3.00			4.59				7.43			9.75	11.14					
14							4.94				8.00			10.50	12.00					
15							5.30				8.57			11.25						
16							5.65				9.14			12.00						
17							6.00				9.71									
18											10.29									
19											10.86									
20											11.43									
21											12.00									

SCORE SHEET SUMMATION

Ages (a) are expressed: Year - month (3-6)
Scores (s) are ages expressed in months (42)

Communication Age ↓	Communication Score ↓	Motor Age ↓	Motor Score ↓	Social Age ↓	Social Score ↓
A	S	A	S	A	S
2 - 8	32	3 - 8	44	3 - 2	38
CA	S	$\overline{X}$	S	- 10	
3 - 6	42	3 - 2	38	+ 2	
					- 4
↑ Chronological Age	↑ Chronological Score	↑ Mean Age	↑ Mean Score	*	

Mean age (of scores) is computed by dividing the sum of the 3 categorical scores (Communication, Motor, Social) by 3.

* The lower right hand box is used to show lag or gain differentials between categorical scores and chronological score.

DAY: 1

TIME: 11:30-12:00

TITLE: The Marshalltown Profile Test Kit

OBJECTIVE: The trainees will familiarize themselves with the test kit and its use in relation to the profile. It should be emphasized that additional practice will be needed prior to on the job use.

PROCEDURE: Form small groups and provide each group with a test kit and inventory of test kit items. Have the group check the contents of their kits against the inventory. Go through the profile and match kit items and profile items. Marginal notations may be made in each individual's profile at this time.

MATERIAL:
Test kit
Test kit inventory
Marshalltown Behavioral Developmental Profile

EVALUATION:
1. Complete training critique p. 171
2. Discussion

MARSHALLTOWN PROFILE TEST KIT INVENTORY

Action cards (6) 3 1/2" x 3 1/2" - Colored pictures showing child kicking, sleeping, sitting, running, eating, and writing.

Ball - 4 inch diameter.

Beads & String - 1 1/2" wooden beads. String with plasticized tip.

Blocks (12) - 1 1/4" wooden blocks. Used for building, counting, and tactual discrimination, hard.

Book (1) - 8 x 10" with easily identifiable pictures of common objects.

Bottle & Object - 1" mouth with raisin or other small object inside.

Circles & Squares - 3" - 2 each in red, blue and green. Used for matching colors, color identification and form identification.

Clay (Rolls, pounds & squeezes).

Cotton ball (Tactual discrimination, soft).

Crayon (8) - Large kindergarten size.

Doll - 8" with easily distinguishable body parts.

Form Board - Circle, square and triangle, similar to that used in Binet.

Heavy & Light Objects - 2" film strip cans, identical in appearance, 1 empty - 1 filled with plaster.

Jump Rope.

Manual and score sheets.

Money - Penny, nickel and dime.

Nested Cups - 5 graduated sizes.

Objects (5) - Cup, plate, watch, spoon, pencil.

Paper - Unlined, 8 1/2 x 11.

Pegboard & Pegs - 6 x 6" board, 25 holes, easy grip pegs.

Pencil - Large kindergarten type.

Reinforcement - M & M's, suckers, etc..

Sandpaper Circle - Tactual discrimination, rough.

Scissors - Blunt tip

Stacking Toy - 6 graduated size rings.

Straw - for drinking.

Tinker Toys (8 items) - assemble simple toy.

Two halves of circle - 3" Tagboard circle.

Walking strips (2) - 5' long, 2" wide (oil cloth).

DAY: 1

TIME: 1:00-1:15

TITLE: Behavioral Prescription Guides

OBJECTIVE: To introduce the new Home Advisors to the three manuals used in conjunction with the Marshalltown Developmental Profile and to teach them how to locate the prescription associated with its corresponding item on the Marshalltown Developmental Profile:

PROCEDURE: The instructor will introduce the three prescription manuals and show how they relate to the items appearing on the Marshalltown Developmental Profile. The various parts of a prescription will be discussed.

MATERIAL: Marshalltown Behavioral Developmental Profile.
Manual IIa Communication
Manual IIb Motor
Manual IIc Social

EVALUATION: 1. Each Home Advisor will be given three items on the Marshalltown Developmental Profile that a child hypothetically failed. Each Advisor will locate the correct prescription for each of the three test items with 100% accuracy.

DAY: 1

TIME: 1:15-3:15

TITLE: How to write behavioral prescriptions: Practice writing and graphing.

OBJECTIVE: To develop in each new Home Advisor the ability to determine areas of child need, through the use of the Marshalltown Profile, and to write prescriptions for development of these skills. The prescriptions will facilitate counting and graphic recording of behavior.

PROCEDURE: A discussion of the objective will utilize the following sequence of events: a lecture defining and describing each segment of the prescription to be followed by a demonstration by an experienced staff member. Trainees will be allowed time to practice writing prescriptions using sample prescriptions and will be aided by Staff members. Trainees will then pair up to role play and write a prescription to submit for evaluation.

MATERIAL: Narrative
Outline: Prescriptive components
Three "case study" packets (I-Herkimer, II-Dilbert, III-Sebastian).
  a. Score sheet
  b. Prescriptive guide sample
  c. Practice prescription
  d. Sample prescription

EVALUATION:
1. Submit completed prescriptions developed from role playing. Prescription must be one which can be graphed in terms of a measurable behavior. It must include a behavioral objective number and appropriate cues, directions, reinforcement, and criteria.
2. Complete training critique p. 171.
3. Discussion.

WRITING BEHAVIORAL PRESCRIPTIONS: GRAPHING

I. Refer to behavioral prescription form # VI.

II. Explain form. Child: Last name, first name, middle initial. Home Advisor: Last name, first initial. Date: Date prescription written to date Home Advisor re-visits and records progress. Profile number: Number taken from Marshalltown Behavioral Profile. Behavioral Objective Number: Number taken from the appropriate prescriptive guide manual. If appropriate, re-write the Behavioral Objective directly from prescriptive guide manual; if the task can be more precisely stated in terms of observation and frequency or occurrence of behavior, by all means do so.

On the graph the hash marks on the extreme left vertical axis, or ordinate, are used to indicate the number of times a selected task or behavior may occur per day over a period of one week. There is room to number a possible twenty successes but, generally, a much lower numbering sequence will be used. The dotted vertical lines are designated for pre and post testing of a desired skill. They are referred to as baseline and postline measures. The unbroken vertical lines represent each day of the week and will be identified by the Home Advisor placing the first letter of the appropriate day along the bottom of the graph starting on the first day of the visit.

The M-F symbols at the top of each week day line represent mother-father. Which ever parent spends the most time working with the child will be identified by circling the appropriate symbol. Number of successes per day will be recorded by placing a dot on the vertical day line at right angles to, or directly across from the "success" number.

III. There are four basic components which comprise the body of prescriptive writing. The narrative begins after Behavior Objectives (B.O.).

The components are:

1. Cue: A cue represents any environmental prompt which will influence, "trigger", or move the child to action. It can be visual, auditory, physical, etc.. Generally, the more parsimonious or concise a verbal cue can be presented, the more efficient it will be. Example: "Brush teeth" or "Brush" will generally be much more relevant than "Now, honey, I want you to go to the bathroom, get your toothbrush and toothpaste, turn on the cold water, etc., etc.." Depending upon the child's disability, cues or prompts relating to all senses should be considered. A blind child, for example, may respond to olfactory cues, or auditory, since he obviously cannot be prompted with visual cues.

IV. Directions are broken into (1) Getting the child's attention: This may run the gamut from a simple calling of name to a combination or auditory/visual stimuli. Example: Banging blocks within field of vision to physical positioning (pivoting head to line of sight of object). (2) Demonstration and cue: The task is demonstrated to the child with frequent presentations of the prompt (usually verbal cue). For example, if the task were for a

child to place his heel into the heel of a shoe the teacher would say, "Shoe on", Shoe on" several times during the demonstration (3) Physical assist and cue: The teacher will position the child, help the child through the desired movements and continue to use the cue frequently. Example: The child's index finger may be extended, an adult hand wrapped around the child's hand and the finger then guided and placed next to the inside heel counter of an outsize shoe. During these physical assist movements the teacher says, "Shoe on", "Shoe on", frequently (4) Physical prompt and cue: The teacher will point, with emphasis, to any object involved in the learning episode and verbalize the cue. Example: Point dramatically to shoe saying, "Shoe on", "Shoe on."
(5) Cue alone, and (6) Repeat entire sequence.

V. Reinforcement: Behavior which results in pleasant consequences (reinforcement) tends to be repeated and behavior followed by unpleasant or painful consequences tends not to be repeated.

Types:

1. Auditory (verbal praise, pleasant sounds, etc.).
2. Tactile (physical touching - caressing, hugging, etc.).
3. Visual (pictures or objects of interest, etc).
4. Consumables.
5. Trinkets.
6. Secondary Reinforcers, e.g., money, tokens, etc. Always pair social reinforcement with tangible reinforcement and fade out the tangible reinforcement as soon as possible.

Discussion

VI. Criteria: Usually, a predetermined number of successful demonstrations, by the child, that he has learned a task will be considered criteria. However, time may also be an important factor. Example: If a child cannot balance on one leg and you think this will be a necessary skill to learn (possibly as a precursor to skipping) you may want him to successfully stand 10 seconds at a time through three consecutive trials. In this particular learning situation, both frequency and time are involved. Criteria, as with cue, directions and reinforcement are always specifically written out in the narrative for the parents to follow. In writing a prescription for parents the word "goal" is substituted for criteria.

VII. Case Studies: Refer to Case Study I score sheet (Herkimer Humperdink). Ask the trainees to determine priority categories in order of severity. Afer the group has agreed upon the accuracy of scoring and priorities, ask each person to write a prescription for the # 1 priority. Allow time for supervision and closure. After writing a prescription for Study I repeat this sequence of activities for Case Study II (Dilbert Parfart) and Case Study III (Sebastian Crookshank).

VIII. Role Playing: After the prescriptions are written ask each trainee to trade prescriptions with someone else: determine who is to be the teacher and who the child and attempt to teach the task from the prescription. Reverse roles. Graph successful trials.

IX. Considering three case studies and three categories per case, there are nine practice possibilities. However, three practice sessions -- writing prescriptions for the first priority (greatest category lag) per case should suffice.

X. Structured flexibility: There are a number of steps each Home Advisor should keep in mind when writing a prescription. This is to make the final prescription as simple yet systematic as possible for the parent to follow and implement. This sequence of considerations around which the prescription is composed is referred to as structure. The final product which many times is staggeringly imaginative and creative is the flexibility component.

FORM NO. VI

THE MARSHALLTOWN PROJECT

BEHAVIORAL PRESCRIPTION

CHILD ________________________ HOME ADVISOR ________________

DATE _____ TO ______ PROFILE # ______ B.O. # __________ B.O. _________

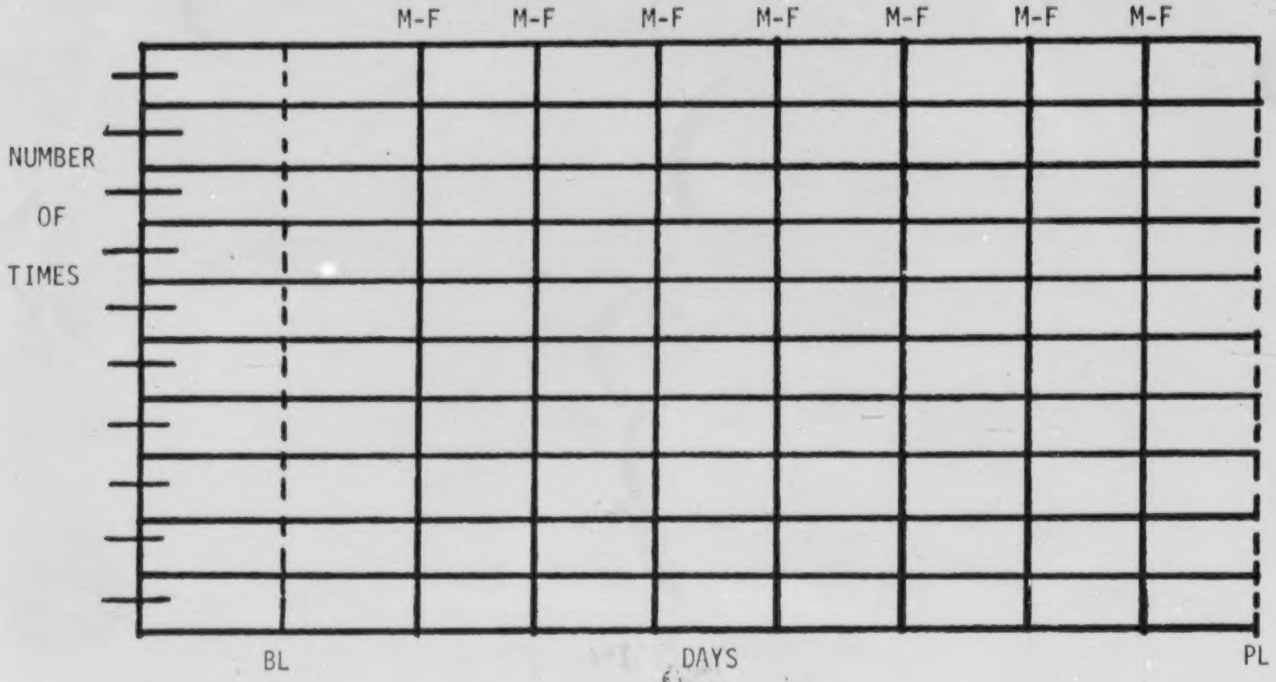
CUE: A presented stimulus which directly influences an activity

DIRECTIONS:

1. Attention
2. Demonstration plus cue
3. Physical assist plus cue
4. Physical prompt plus cue
5. Cue alone
6. Repeat sequence

REINFORCEMENT: Pleasant consequences to child. (Observation/Judgment)

GOAL: Number successes child can experience over a (Observation/Judgment) period of time.



CASE STUDY I (a)

Form XVII MARSHALLTOWN BEHAVIORAL DEVELOPMENT PROFILE SCORE SHEET

CHILD'S NAME: Herkimer Humperdinck SEX: m DATE: 73-12-15
PARENT'S NAMES: Oliva + Wolfram BIRTHDATE: 69-8-10
PHONE: 2-3456 EXAMINER: W.C. CA:
ADDRESS: 789 Lovelace Lane CITY: Happysville

COMM	MOTOR	SOCIAL
0 - 1 months		
1.1 ___	2.1 ___	
(1.00)	(1.00)	
1 - 2 months		
1.2 ___ 1.3 ___ 1.4 ___	2.2 ___ 2.3 ___	
(.33)	(.50)	
2 - 3 months		
1.5 ___ 1.6 ___	2.4 ___ 2.5 ___	
(.50)	(.50)	
3 - 4 months		
1.7 ___	2.6 ___ 2.7 ___ 2.8 ___	
(1.00)	(.33)	
4 - 5 months		
1.8 ___ 1.9 ___	2.9 ___ 2.10 ___ 2.11 ___ 2.12 ___	
(.50)	(.25)	
5 - 6 months		
1.10 ___	2.13 ___ 2.14 ___ 2.15 ___	3.1 ___ 3.2 ___
(1.00)		(.50)

COMM.	MOTOR	SOCIAL
	2.16 ___ 2.17 ___	
	(.20)	
6 - 7 months		
1.11 ___	2.18 ___ 2.19 ___ 2.20 ___	3.3 ___ 3.4 ___ 3.5 ___ 3.6 ___ 3.7 ___ 3.8 ___ 3.9 ___ 3.10 ___
(1.00)	(.33)	(.13)
7 - 8 months		
1.12 ___ 1.13 ___ 1.14 ___	2.21 ___ 2.22 ___	3.11 ___ 3.12 ___ 3.13 ___
(.33)	(.50)	(.33)
8 - 9 months		
1.15 ___ 1.16 ___ 1.17 ___	2.23 ___ 2.24 ___ 2.25 ___	3.14 ___ 3.15 ___
(.33)	(.33)	(.50)
9 - 10 months		
1.18 ___ 1.19 ___	2.26 ___ 2.27 ___ 2.28 ___ 2.29 ___ 2.30 ___ 2.31 ___	3.16 ___ 3.17 ___
(.50)	(.17)	(.50)

COMM.	MOTOR	SOCIAL
10 - 11 months		
1.20 ___ 1.21 ___	2.32 ___ 2.33 ___ 2.34 ___	3.18 ___ 3.19 ___ 3.20 ___ 3.21 ___
(.50)	(.33)	(.25)
11 - 12 months		
1.22 ___ 1.23 ___	2.35 ___ 2.36 ___ 2.37 ___ 2.38 ___ 2.39 ___ 2.40 ___	3.22 ___ 3.23 ___ 3.24 ___ 3.25 ___ 3.26 ___ 3.27 ___
(.50)	(.17)	(.17)
12 - 15 months		
1.24 ___ 1.25 ___ 1.26 ___ 1.27 ___ 1.28 ___	2.41 ___ 2.42 ___ 2.43 ___ 2.44 ___ 2.45 ___ 2.46 ___	3.28 ___ 3.29 ___ 3.30 ___
(.60)	(.50)	(1.00)
15 - 18 months		
1.29 ___ 1.30 ___ 1.31 ___	2.47 ___ 2.48 ___ 2.49 ___ 2.50 ___ 2.51 ___ 2.52 ___ 2.53 ___ 2.54 ___ 2.55 ___	3.31 ___ 3.32 ___ 3.33 ___ 3.34 ___ 3.35 ___ 3.36 ___ 3.37 ___ 3.38 ___ 3.39 ___
(1.00)	(.33)	

HERKIMER HUMPERDINK

COMM.	MOTOR	SOCIAL
15 - 18 months		
		3.40___
		3.41___
		3.42___
		(.25)
18 - 21 months		
1.32___	2.56___	3.43___
1.33___	2.57___	3.44___
	2.58___	3.45___
	2.59___	3.46___
	2.60___	3.47___
		3.48___
		3.49___
(1.50)	(.60)	(.43)
21 - 24 months		
1.34 +	2.61 +	3.50___
1.35 +	2.62 +	3.51___
1.36 +	2.63 +	3.52___
1.37 +	2.64 +	3.53___
	2.65 +	3.54___
	2.66 +	3.55___
	2.67 +	
	2.68 +	
	2.69 +	
	2.70 +	
	2.71 +	
	2.72 +	
	2.73 +	
(.75)	(.23)	(.50)
24 - 30 months		
1.38 +	2.74 +	3.56 +
1.39 +	2.75 +	3.57 +
1.40 +	2.76 +	3.58 +
1.41 +	2.77 +	3.59 +
1.42 +	2.78 +	
1.43 +	2.79 +	
1.44 +	2.80 +	
1.45 +	2.81 +	
1.46 +		
1.47 +		
1.48 +		
(.55)	(.75)	(1.50)

COMM.	MOTOR	SOCIAL
30 - 36 months		
1.49 O	2.82 +	3.60 +
1.50 O	2.83 +	3.61 +
1.51 +	2.84 +	3.62 +
1.52 +	2.85 +	3.63 +
1.53 +	2.86 +	3.64 +
1.54 +	2.87 +	3.65 +
1.55 +	2.88 +	3.66 +
1.56 +	2.89 +	3.67 +
1.57 +	2.90 O	3.68 +
1.58 O		3.69 +
1.59 +		3.70 +
1.60 +		3.71 +
		3.72 +
		3.73 +
		3.74 +
		3.75 +
		3.76 +
(.50)	(.67)	(.35)
36 - 48 months		
1.61 +	2.91 +	3.77 +
1.62 O	2.92 O	3.78 +
1.63 +	2.93 O	3.79 +
1.64 +	2.94 +	3.80 +
1.65 +	2.95 O	3.81 +
1.66 O		3.82 +
		3.83 +
		3.84 O
		3.85 +
		3.86 +
		3.87 +
		3.88 +
		3.89 +
		3.90 +
		3.91 +
		3.92 O
		3.93 +
		3.94 O
		3.95 +
		3.96 +
		3.97 +
(2.0	(2.40)	(.57)

COMM.	MOTOR	SOCIAL
48 - 60 months		
1.67 +	2.96 O	3.98 O
1.68 +	2.97 O	3.99 +
1.69 O	2.98 O	3.100 +
1.70 O	2.99 O	3.101 O
1.71 O	2.100 +	3.102 O
1.72 O	2.101 O	3.103 +
1.73 O	2.102 +	3.104 +
1.74 +	2.103 O	3.105 +
1.75 O		3.106 +
1.76 O		3.107 O
1.77 O		3.108 O
1.78 O		3.109 O
1.79 O		3.110 O
1.80 +		3.111 O
1.81 +		
1.82 O		
(.75)	(1.50)	(.86)
60 - 72 months		
1.83 O	2.104 O	3.112 O
1.84 O	2.105 O	3.113 +
1.85 O	2.106 O	3.114 O
1.86 O	2.107 O	3.115 +
1.87 O	2.108 +	3.116 +
1.88 O	2.109 O	3.117 O
1.89 O	2.110 O	
1.90 O	2.111 O	
1.91 O	2.112 O	
1.92 O	2.113 O	
1.93 O	2.114 O	
	2.115 O	
	2.116 O	
	2.117 O	
(1.09)	(.86)	(2.00)
A S	A S	A S
CA S	X S	

I (b)

THE MARSHALLTOWN PROJECT

PROFILE NUMBER 1.62

PROFILE ITEM:

Counts three objects, pointing to each.

BEHAVIORAL DEFINITION:

Child will sequentially count aloud as he points to each of three objects.

CUE/S:

"One", "Two", "Three", "Count."

MEASUREMENT CRITERIA:

Counts three objects correctly.

MATERIALS NEEDED:

Geometric shapes, groups of other objects, edible objects.

BEHAVIOR OBJECTIVES AND STRATEGIES:

1.62.1 Child will verbalize "One" when one object is present.

1.62.1.1 Place one circle shape in front of the child, cue, "Count". Place your finger on the circle, cue, "One". Repeat cue.

1.62.1.2 Place child's finger on the circle shape, cue, "One". Say to child, "Say one". Reinforce his response. Repeat by having child touch the circle shape and say, "One" each time he touches it.

1.62.1.3 Present other single objects to child, having him touch them and count, "One."

1.62.2 Child will verbalize "One", "Two" when two objects are present.

1.62.2.1 Add another circle shape so there are two circles, cue, "Count".

1.62.2.2 Touch the first circle, cue, "One". Touch the second circle, cue, "Two". Keep on touching each one and counting, "One, two".

1.62.2.3 Say to child, "Now you do it". Assist if necessary. Cue, "Count". Child should touch each object and count, "One, two". Reinforce.

1.62.2.4 Present other pairs to child, cue, "Count". Reinforce a correct count.

1.62.3 Child will verbalize "One, two, three" when three objects are present.

1.62.3.1 Put three circle shapes in front of the child. Touch each one, counting, "One, two, three". Repeat several times.

1.62.3.2 Say to child, "Now you do it." Cue, "Count". Assist if necessary. Child should touch each object and count, "One, two, three". Reinforce.

1.62.3.3 Have child count other groups of three objects, reinforcing correct counts.

1.62.4 Child will count groups of one, two, or three items correctly.

1.62.4.1 Have child count edible objects such as cheerios, candy, raisins, etc. Present one at a time, or groups of two or three. Vary the number to be counted. Reinforce a correct count by letting the child eat the objects.

1.62.4.2 Let the child pound pegs in the pegboard, counting each stroke as he hits the peg.

1.62.4.3 Count blocks as they are stacked.

1.62.4.4 Have child help set the table counting out silverware, napkins, etc.

FORM NO. VI

I (c)

THE MARSHALLTOWN PROJECT

BEHAVIORAL PRESCRIPTION

CHILD ______________________ HOME ADVISOR ______________

DATE _____ TO _______ PROFILE # _______ B.O. # __________ B.O. ________

____

CUE: ____

DIRECTIONS: ______________________________________

____

____

____

____

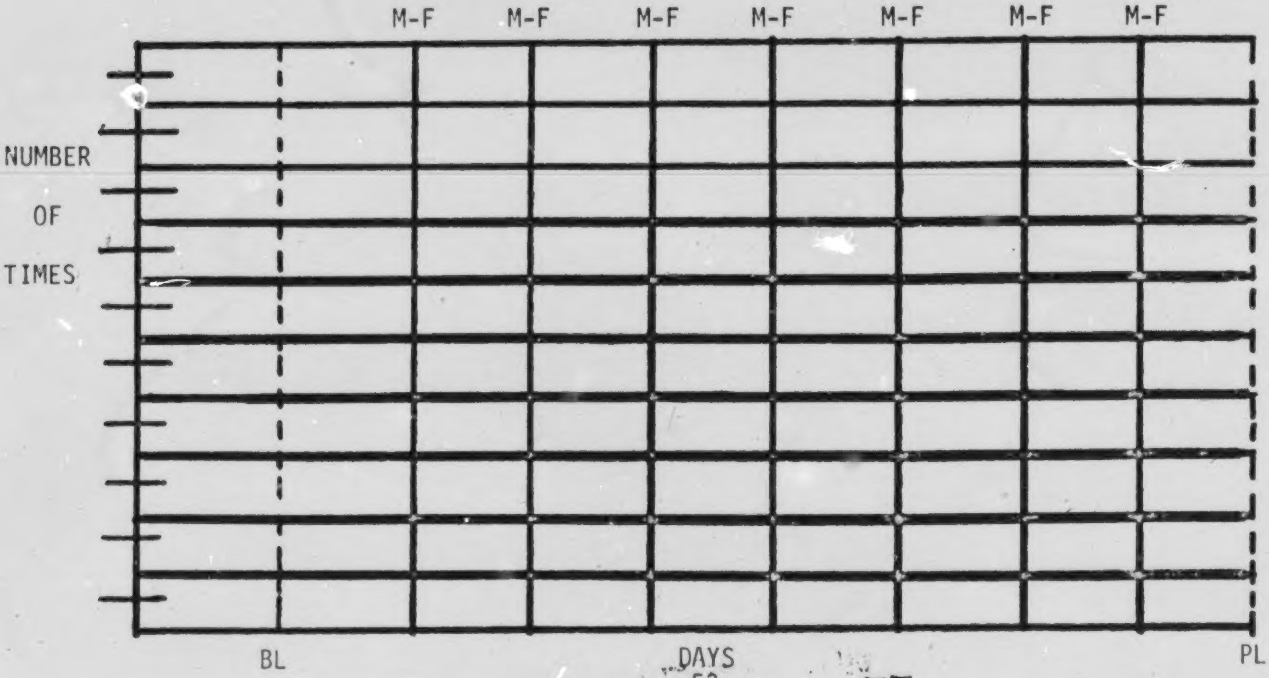
____

____

____

REINFORCEMENT: ___________________________________

GOAL: ____



FORM NO. VI

I (d)

THE MARSHALLTOWN PROJECT

BEHAVIORAL PRESCRIPTION

CHILD Herkimer Humperdinck HOME ADVISOR W. C.

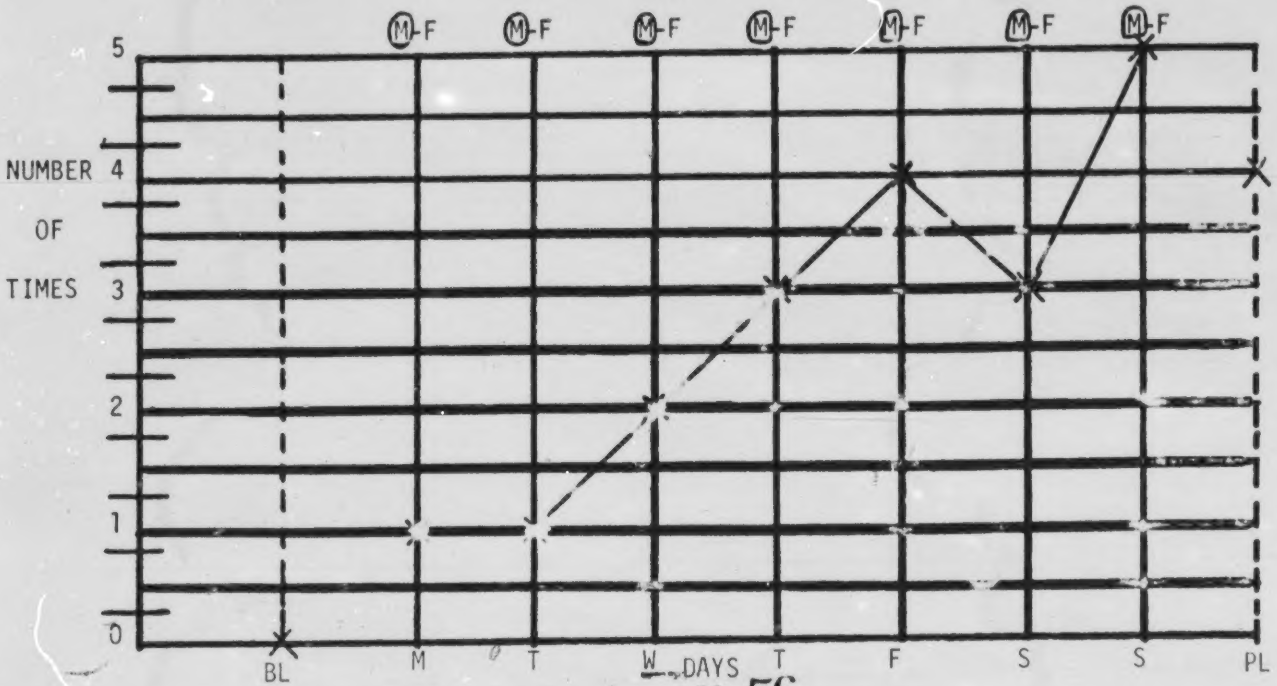
DATE 12/15 TO 12/22 PROFILE # 1.62 B.O. # 1.62.2 B.O. Child will verbalize "one", "two" when two objects are present.

CUE: Count "one" "two"

DIRECTIONS:
1. Have two blocks on the table.
2. Say "Count". Touch first block. Say "One". Touch second block. Say "Two".
3. Take Herk's finger, say "Count", and help him touch each block while saying "One", "Two".
4. Say "Count" point slowly to each block and say "One", "Two".
5. Say to Herk "Now you do it". "Count".
6. Repeat sequence

REINFORCEMENT: "Big Boy", Touch.

GOAL: Four successes per day



CASE STUDY II (a)

Form XVII

MARSHALLTOWN BEHAVIORAL DEVELOPMENT PROFILE SCORE SHEET

CHILD'S NAME: Dilbert Parfart SEX: m DATE: 72-11-10
PARENT'S NAMES: Dillingham + Portia BIRTHDATE: 68-8-3
PHONE: 2-2222 EXAMINER: W.C. CA:
ADDRESS: 22 Sundance Road CITY: Marshalltown

	COMM	MOTOR	SOCIAL
0 - 1 months	1.1 ___ (1.00)	2.1 ___ (1.00)	
1 - 2 months	1.2 ___ 1.3 ___ 1.4 ___ (.33)	2.2 ___ 2.3 ___ (.50)	
2 - 3 months	1.5 ___ 1.6 ___ (.50)	2.4 ___ 2.5 ___ (.50)	
3 - 4 months	1.7 ___ (1.00)	2.6 ___ 2.7 ___ 2.8 ___ (.33)	
4 - 5 months	1.8 ___ 1.9 ___ (.50)	2.9 ___ 2.10 ___ 2.11 ___ 2.12 ___ (.25)	
5 - 6 months	1.10 ___ (1.00)	2.13 ___ 2.14 ___ 2.15 ___ 2.16 ___ 2.17 ___ (.20)	3.1 ___ 3.2 ___ (.50)
6 - 7 months	1.11 ___ (1.00)	2.18 ___ 2.19 ___ 2.20 ___ (.33)	3.3 ___ 3.4 ___ 3.5 ___ 3.6 ___ 3.7 ___ 3.8 ___ 3.9 ___ 3.10 ___ (.13)
7 - 8 months	1.12 ___ 1.13 ___ 1.14 ___ (.33)	2.21 ___ 2.22 ___ (.50)	3.11 ___ 3.12 ___ 3.13 ___ (.33)
8 - 9 months	1.15 ___ 1.16 ___ 1.17 ___ (.33)	2.23 ___ 2.24 ___ 2.25 ___ (.33)	3.14 ___ 3.15 ___ (.50)
9 - 10 months	1.18 ___ 1.19 ___ (.50)	2.26 ___ 2.27 ___ 2.28 ___ 2.29 ___ 2.30 ___ 2.31 ___ (.17)	3.16 ___ 3.17 ___ (.50)
10 - 11 months	1.20 ___ 1.21 ___ (.50)	2.32 ___ 2.33 ___ 2.34 ___ (.33)	3.18 ___ 3.19 ___ 3.20 ___ 3.21 ___ (.25)
11 - 12 months	1.22 ___ 1.23 ___ (.50)	2.35 ___ 2.36 ___ 2.37 ___ 2.38 ___ 2.39 ___ 2.40 ___ (.17)	3.22 ___ 3.23 ___ 3.24 ___ 3.25 ___ 3.26 ___ 3.27 ___ (.17)
12 - 15 months	1.24 ___ 1.25 ___ 1.26 ___ 1.27 ___ 1.28 ___ (.60)	2.41 ___ 2.42 ___ 2.43 ___ 2.44 ___ 2.45 ___ 2.46 ___ (.50)	3.28 ___ 3.29 ___ 3.30 ___ (1.00)
15 - 18 months	1.29 ___ 1.30 ___ 1.31 ___ (1.00)	2.47 ___ 2.48 ___ 2.49 ___ 2.50 ___ 2.51 ___ 2.52 ___ 2.53 ___ 2.54 ___ 2.55 ___ (.33)	3.31 ___ 3.32 ___ 3.33 ___ 3.34 ___ 3.35 ___ 3.36 ___ 3.37 ___ 3.38 ___ 3.39 ___

DILBERT PARFART

15 - 18 months

COMM.	MOTOR	SOCIAL
		3.40___
		3.41___
		3.42___
		(.25)

18 - 21 months

COMM.	MOTOR	SOCIAL
1.32___	2.56___	3.43___
1.33___	2.57___	3.44___
	2.58___	3.45___
	2.59___	3.46___
	2.60___	3.47___
		3.48___
		3.49___
(1.50)	(.60)	(.43)

21 - 24 months

COMM.	MOTOR	SOCIAL
1.34___	2.61 +	3.50___
1.35___	2.62 +	3.51___
1.36___	2.63 +	3.52___
1.37___	2.64 +	3.53___
	2.65 +	3.54___
	2.66 +	3.55___
	2.67 +	
	2.68 +	
	2.69 +	
	2.70 +	
	2.71 +	
	2.72 +	
	2.73 +	
(.75)	(.23)	(.50)

24 - 30 months

COMM.	MOTOR	SOCIAL
1.38___	2.74 +	3.56___
1.39___	2.75 +	3.57___
1.40___	2.76 +	3.58___
1.41___	2.77 +	3.59___
1.42___	2.78 +	
1.43___	2.79 +	
1.44___	2.80 +	
1.45___	2.81 +	
1.46___		
1.47___		
1.48___		
(.55)	(.75)	(1.50)

30 - 36 months

COMM.	MOTOR	SOCIAL
1.49 +	2.82 +	3.60 +
1.50 +	2.83 0	3.61 +
1.51 +	2.84 +	3.62 +
1.52 +	2.85 0	3.63 +
1.53 +	2.86 0	3.64 +
1.54 +	2.87 +	3.65 +
1.55 +	2.88 +	3.66 +
1.56 +	2.89 0	3.67 +
1.57 +	2.90 0	3.68 +
1.58 +		3.69 +
1.59 +		3.70 +
1.60 +		3.71 +
		3.72 +
		3.73 +
		3.74 +
		3.75 +
		3.76 +
(.50)	(.67)	(.35)

36 - 48 months

COMM.	MOTOR	SOCIAL
1.61 +	2.91 0	3.77 +
1.62 +	2.92 +	3.78 +
1.63 +	2.93 0	3.79 +
1.64 +	2.94 0	3.80 +
1.65 +	2.95 +	3.81 +
1.66 +		3.82 +
		3.83 +
		3.84 +
		3.85 +
		3.86 +
		3.87 +
		3.88 +
		3.89 +
		3.90 +
		3.91 +
		3.92 +
		3.93 +
		3.94 +
		3.95 +
		3.96 +
		3.97 +
(1.00)	(.40)	(.57)

48 - 60 months

COMM.	MOTOR	SOCIAL
1.67 +	2.96 0	3.98 +
1.68 0	2.97 0	3.99 0
1.69 +	2.98 +	3.100 +
1.70 +	2.99 0	3.101 0
1.71 +	2.100 0	3.102 +
1.72 +	2.101 0	3.103 0
1.73 0	2.102 0	3.104 +
1.74 0	2.103 0	3.105 0
1.75 0		3.106 0
1.76 +		3.107 0
1.77 +		3.108 +
1.78 +		3.109 +
1.79 +		3.110 0
1.80 0		3.111 0
1.81 +		
1.82 0		
(.75)	(1.50)	(.86)

60 - 72 months

COMM.	MOTOR	SOCIAL
1.83 +	2.104 0	3.112 +
1.84 0	2.105 0	3.113 0
1.85 +	2.106 0	3.114 0
1.86 0	2.107 0	3.115 +
1.87 0	2.108 +	3.116 0
1.88 0	2.109 0	3.117 0
1.89 0	2.110 0	
1.90 +	2.111 0	
1.91 +	2.112 0	
1.92 +	2.113 0	
1.93 +	2.114 0	
	2.115 +	
	2.116 0	
	2.117 0	
(1.09)	(.86)	(2.00)

A S	A S	A S
CA S	X S	

II (b)

THE MARSHALLTOWN PROJECT

PROFILE NUMBER 2.83

PROFILE ITEM:

Jumps from bottom stair (8-12 inches).

BEHAVIORAL DEFINITION:

Child will, while standing with both feet on bottom stairs, jump from a height of 8-12 inches.

CUE/S:

"Jump".

MEASUREMENT CRITERIA:

Able to jump from bottom step, on cue.

MATERIALS NEEDED:

Stairs.

BEHAVIORAL OBJECTIVES AND STRATEGIES:

NOTE: Prior to introducing activities involving jumping from elevations child should have experienced jumping with both feet off the floor, jumping up and down with someone holding his hands, etc.

2.83.1 Child will jump from an elevation of 3 - 6 inches.

2.83.1.1 Have child stand on an object only a few inches off floor, i.e., the bathroom scale, a sturdy box, footstool, etc Take both his hands in yours, cue, "Jump". If he hesitates or seems frightened to jump, even when you are holding both his hands, put both your hands at his waist. Place his body so that it is slightly bent at the waist and his knees are bent in a crouching position. Repeat the cue, "Jump", as you pattern him in a jumping movement. Reinforce with praise.

2.83.1.2 Continue holding both of child's hands in yours and cue, "Jump". Help him position his body. When child shows he is enjoying the activity and begins initiating the jumping action on his own, reduce assistance. Hold both your arms out toward him and tell him you will catch him, cue, "Jump". Reinforce with smiles and praise.

2.83.2 Child will jump from bottom stair (8 - 12 inches) with help.

2.83.2.1 When child is standing on bottom stair, face him and take both his hands in yours. Cue, "Jump". Reinforce with praise.

2.83.2.2 Stand beside child on bottom step and hold one hand. Explain "Lets jump together. When I say jump we'll both jump". Position your bodies for the jump. Cue "Jump". Show your enthusiasm for this. Reinforce him with praise.

2.83.2.3 When child is standing on bottom stair, stand in front of him and hold out your arms. Do not touch him, but assure him you will catch him, cue, "Jump". Reinforce with hug as you catch him. Praise him for his good jump.

2.83.2.4 When child is standing on bottom stair, cue, "Jump". Until child has complete confidence in himself stand in front of him and assure him you will catch him. Reinforce with praise. Call other family members and friends attention to his jumping.

FORM NO. VI

II (c)

THE MARSHALLTOWN PROJECT

BEHAVIORAL PRESCRIPTION

CHILD ______________________ HOME ADVISOR ______________

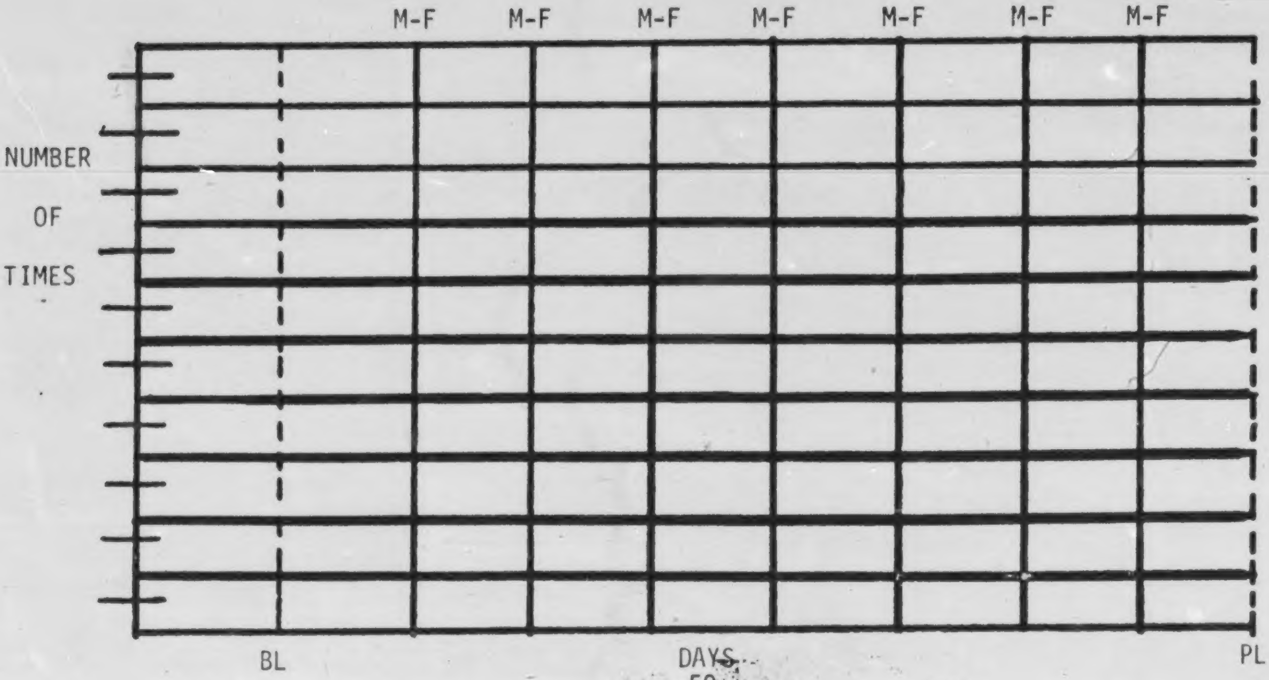
DATE _____ TO _______ PROFILE # _______ B.O. # __________ B.O. __________

CUE: ______________________________

DIRECTIONS: ______________________________

REINFORCEMENT: ______________________________

GOAL: ______________________________



FORM NO. VI

II (d)

THE MARSHALLTOWN PROJECT

BEHAVIORAL PRESCRIPTION

CHILD Dilbert Parfart HOME ADVISOR Milford

DATE 12/2 TO 12/9 PROFILE # 2.83 B.O. # 2.83.1 B.O. Child will jump from an elevation of 3 - 6 inches.

CUE: "Jump".

DIRECTIONS: 1. With Dilbert watching, place heavy catalogue on floor and stand on it. Flex Knees, swing arms (Exaggerating) Say "Jump", "Jump", (With enthusiasm) and then jump off.

2. Help Dilbert onto catalogue, take both his hands, say "Jump", "Jump" and ease him off catalogue.

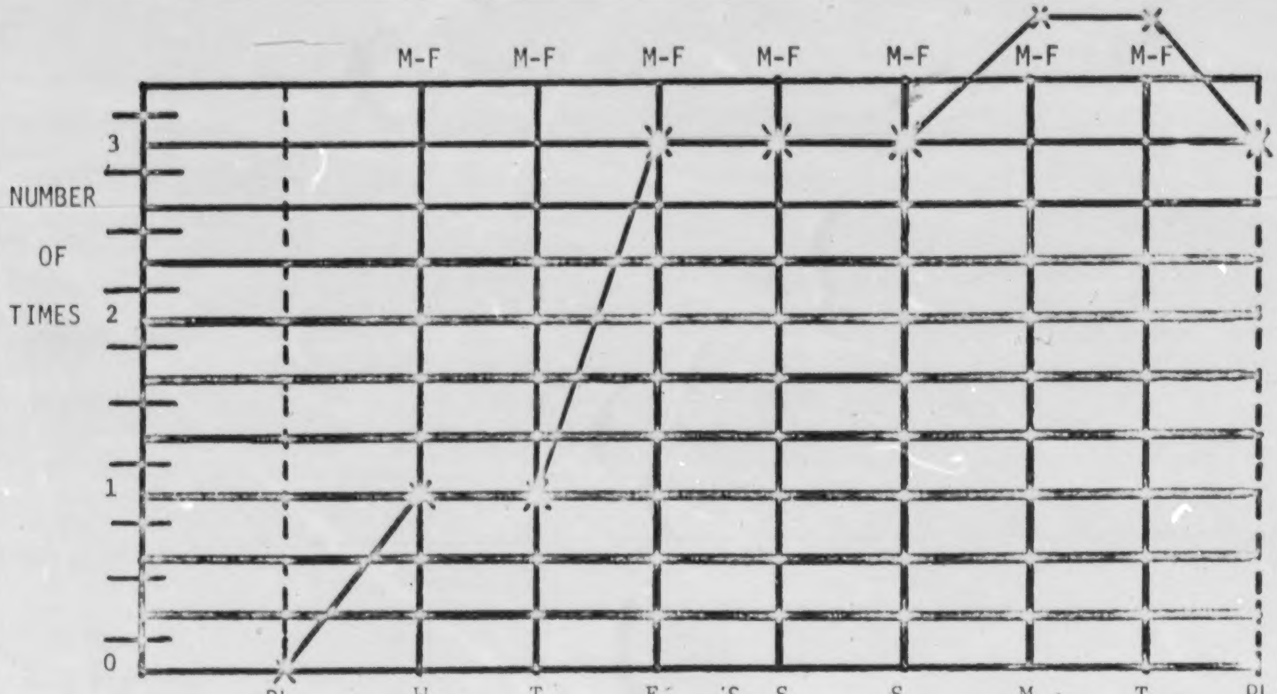
3. Get Dilbert back on book, make jumping movements while repeating cue.

4. Use cue alone.

5. Repeat sequence.

REINFORCEMENT: Hugs, "Yea, Dilbert".

GOAL: 3/Day



Form XVII MARSHALLTOWN BEHAVIORAL DEVELOPMENT PROFILE SCORE SHEET

CHILD'S NAME: SEBASTIAN CROOKSHANK SEX: M DATE: 73-8-21
PARENT'S NAMES. GRUSHENKA & PIERRE BIRTHDATE: 70-5-3
PHONE: 0-0000 EXAMINER: T.L.C. CA: ___
ADDRESS: 0000 LOVELACE LANE CITY: MARSHALLTOWN

COMM	MOTOR	SOCIAL
0 - 1 months		
1.1 ___	2.1 ___	
(1.00)	(1.00)	
1 - 2 months		
1.2 ___ 1.3 ___ 1.4 ___	2.2 ___ 2.3 ___	
(.33)	(.50)	
2 - 3 months		
1.5 ___ 1.6 ___	2.4 ___ 2.5 ___	
(.50)	(.50)	
3 - 4 months		
1.7 ___	2.6 ___ 2.7 ___ 2.8 ___	
(1.00)	(.33)	
4 - 5 months		
1.8 ___ 1.9 ___	2.9 ___ 2.10 ___ 2.11 ___ 2.12 ___	
(.50)	(.25)	
5 - 6 months		
1.10 ___	2.13 ___ 2.14 ___ 2.15 ___	3.1 ___ 3.2 ___
(1.00)		(.50)

COMM.	MOTOR	SOCIAL
	2.16 ___ 2.17 ___	
	(.20)	
6 - 7 months		
1.11 ___	2.18 ___ 2.19 ___ 2.20 ___	3.3 ___ 3.4 ___ 3.5 ___ 3.6 ___ 3.7 ___ 3.8 ___ 3.9 ___ 3.10 ___
(1.00)	(.33)	(.13)
7 - 8 months		
1.12 ___ 1.13 ___ 1.14 ___	2.21 ___ 2.22 ___	3.11 ___ 3.12 ___ 3.13 ___
(.33)	(.50)	(.33)
8 - 9 months		
1.15 ___ 1.16 ___ 1.17 ___	2.23 ___ 2.24 ___ 2.25 ___	3.14 ___ 3.15 ___
(.33)	(.33)	(.50)
9 - 10 months		
1.18 ___ 1.19 ___	2.26 ___ 2.27 ___ 2.28 ___ 2.29 ___ 2.30 ___ 2.31 ___	3.16 ___ 3.17 ___
(.50)	(.17)	(.50)

COMM.	MOTOR	SOCIAL
10 - 11 months		
1.20 + 1.21 +	2.32 ___ 2.33 ___ 2.34 ___	3.18 + 3.19 + 3.20 + 3.21 +
(.50)	(.33)	(.25)
11 - 12 months		
1.22 + 1.23 +	2.35 ___ 2.36 ___ 2.37 ___ 2.38 ___ 2.39 ___ 2.40 ___	3.22 + 3.23 + 3.24 + 3.25 + 3.26 + 3.27 +
(.50)	(.17)	(.17)
12 - 15 months		
1.24 + 1.25 + 1.26 + 1.27 + 1.28 0	2.41 + 2.42 + 2.43 + 2.44 + 2.45 + 2.46 +	3.28 + 3.29 + 3.30 0
(.60)	(.50)	(1.00)
15 - 18 months		
1.29 + 1.30 0 1.31 +	2.47 + 2.48 + 2.49 + 2.50 + 2.51 + 2.52 + 2.53 + 2.54 + 2.55 +	3.31 0 3.32 0 3.33 + 3.34 + 3.35 0 3.36 0 3.37 + 3.38 + 3.39 +
(1.00)	(.33)	

COMM.	MOTOR	SOCIAL
15 - 18 months		
		3.40 +
		3.41 +
		3.42 +
		(.25)
18 - 21 months		
1.32 0	2.56 0	3.43 +
1.33 +	2.57 +	3.44 0
	2.58 0	3.45 +
	2.59 +	3.46 0
	2.60 +	3.47 0
		3.48 0
		3.49 +
(1.50)	(.60)	(.43)
21 - 24 months		
1.34 0	2.61 +	3.50 0
1.35 0	2.62 0	3.51 0
1.36 0	2.63 0	3.52 0
1.37 0	2.64 +	3.53 0
	2.65 0	3.54 0
	2.66 0	3.55 0
	2.67 +	
	2.68 +	
	2.69 +	
	2.70 0	
	2.71 0	
	2.72 +	
	2.73 +	
(.75)	(.23)	(.50)
24 - 30 months		
1.38 0	2.74 +	3.56 0
1.39 0	2.75 +	3.57 0
1.40 0	2.76 0	3.58 0
1.41 0	2.77 0	3.59 0
1.42 +	2.78 0	
1.43 0	2.79 +	
1.44 0	2.80 0	
1.45 0	2.81 0	
1.46 0		
1.47 0		
1.48 0		
(.55)	(.75)	(1.50)

COMM.	MOTOR	SOCIAL
30 - 36 months		
1.49 +	2.82 0	3.60 ___
1.50 0	2.83 0	3.61 ___
1.51 +	2.84 0	3.62 ___
1.52 0	2.85 0	3.63 ___
1.53 0	2.86 0	3.64 ___
1.54 0	2.87 0	3.65 ___
1.55 0	2.88 0	3.66 ___
1.56 0	2.89 0	3.67 ___
1.57 0	2.90 0	3.68 ___
1.58 0		3.69 ___
1.59 0		3.70 ___
1.60 0		3.71 ___
		3.72 ___
		3.73 ___
		3.74 ___
		3.75 ___
		3.76 ___
(.50)	(.67)	(.35)
36 - 48 months		
1.61 0	2.91 0	3.77 ___
1.62 0	2.92 0	3.78 ___
1.63 0	2.93 0	3.79 ___
1.64 0	2.94 0	3.80 ___
1.65 0	2.95 0	3.81 ___
1.66 0		3.82 ___
		3.83 ___
		3.84 ___
		3.85 ___
		3.86 ___
		3.87 ___
		3.88 ___
		3.89 ___
		3.90 ___
		3.91 ___
		3.92 ___
		3.93 ___
		3.94 ___
		3.95 ___
		3.96 ___
		3.97 ___
(2.00)	(2.40)	(.57)

COMM.	MOTOR	SOCIAL
48 - 60 months		
1.67 0	2.96 ___	3.98 ___
1.68 0	2.97 ___	3.99 ___
1.69 0	2.98 ___	3.100 ___
1.70 0	2.99 ___	3.101 ___
1.71 0	2.100 ___	3.102 ___
1.72 0	2.101 ___	3.103 ___
1.73 0	2.102 ___	3.104 ___
1.74 0	2.103 ___	3.105 ___
1.75 0		3.106 ___
1.76 0		3.107 ___
1.77 0		3.108 ___
1.78 0		3.109 ___
1.79 0		3.110 ___
1.80 0		3.111 ___
1.81 0		
1.82 0		
(.75)	(1.50)	(.86)
60 - 72 months		
1.83 ___	2.104 ___	3.112 ___
1.84 ___	2.105 ___	3.113 ___
1.85 ___	2.106 ___	3.114 ___
1.86 ___	2.107 ___	3.115 ___
1.87 ___	2.108 ___	3.116 ___
1.88 ___	2.109 ___	3.117 ___
1.89 ___	2.110 ___	
1.90 ___	2.111 ___	
1.91 ___	2.112 ___	
1.92 ___	2.113 ___	
1.93 ___	2.114 ___	
	2.115 ___	
	2.116 ___	
	2.117 ___	
(1.09)	(.86)	(2.00)
A S	A S	A S
CA S	X S	

III (b)

THE MARSHALLTOWN PROJECT

PROFILE NUMBER 3.30

PROFILE ITEM:

Removes simple garment.

BEHAVIORAL DEFINITION:

Child will be able to take off a simple item of clothing such as training pants. However, the child will need assistance in stepping out of the pants.

CUE/S:

"Off"

MEASUREMENT CRITERIA:

Takes off item of clothing upon verbal request.

MATERIALS NEEDED:

Training pants.

BEHAVIORAL OBJECTIVES AND STRATEGIES:

3.30.1 Child attends to adult demonstration.

3.30.1.1 While undressing child, or sitting him on potty chair, take hold of the sides of his pants and say, "Off".

3.30.1.2 Slowly remove pants, repeating cue, "Off".

3.30.1.3 Replace pants and put child's hand on the sides with thumb on inside and repeat cue, "Off".

3.30.2 Child removes training pants with assistance and verbal cue.

3.30.2.1 While undressing child, put child's hands on the sides of his pants with his thumb on the inside. Repeat the cue, "Off".

3.30.2.2 If there is no response, guide child's hands down the side of his legs repeating cue, "Off".

3.30.2.3 Help him step out of his pants, if this is necessary.

PROFILE NUMBER 3.30 CONTINUED:

3.30.3 Child removes training pants with no assistance.

3.30.3.1 Let child remove his own training pants even though you may be able to do it faster. Let him pace himself.

3.30.3.2 When he grasps the sides of his pants, repeat cue, "Off".

3.30.3.3 Praise child for being such a big helper.

FORM NO. VI

III (c)

THE MARSHALLTOWN PROJECT

BEHAVIORAL PRESCRIPTION

CHILD ______________________ HOME ADVISOR ______________________

DATE _____ TO _______ PROFILE # _______ B.O. # ___________ B.O. __________

____

CUE: ____

DIRECTIONS: ____

____

____

____

____

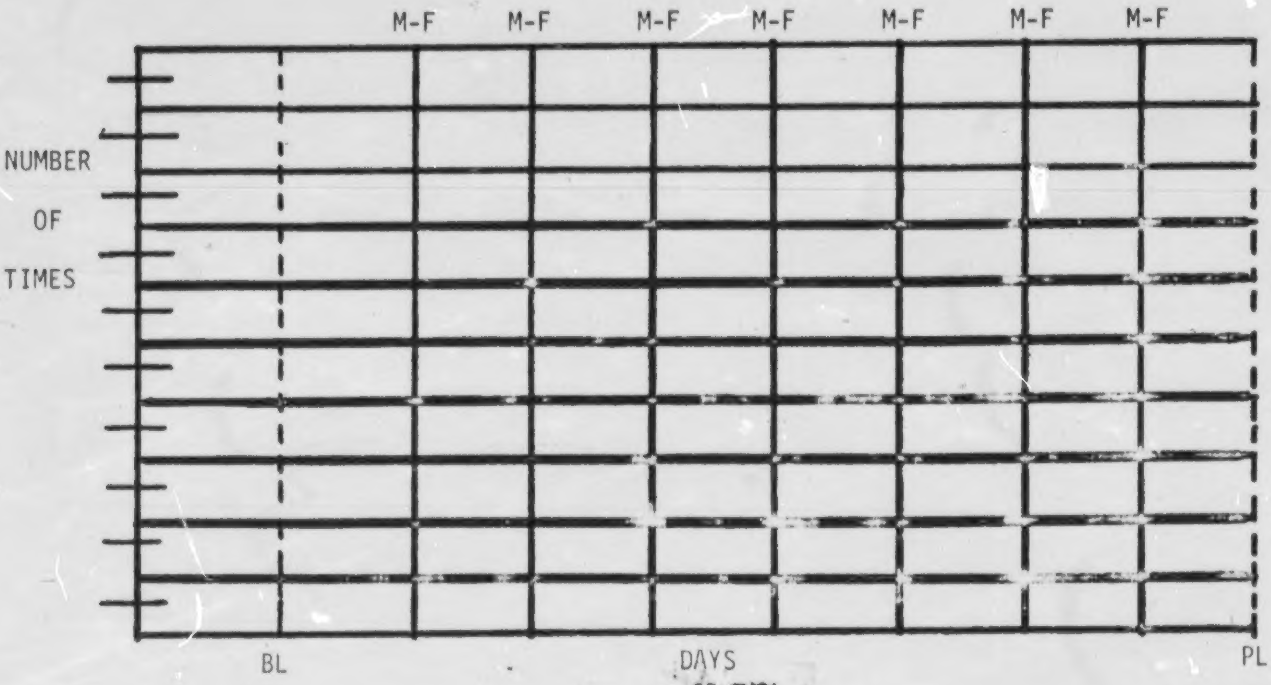
____

____

____

REINFORCEMENT: ____

GOAL: ____



FORM NO. VI

III (d)

THE MARSHALLTOWN PROJECT

BEHAVIORAL PRESCRIPTION

CHILD Sebastian Crookshank HOME ADVISOR T. L. C.

DATE 10/1 TO 10/8 PROFILE # 3.30 B.O. # 3.30.3 B.O. Child removes training pants with no assistance.

CUE: "Off"

DIRECTIONS: 1. Show Sebbie large doll wearing training pants; say "Let's play a game."

2. Tug doll's pants down, saying "Off", "Off".

3. Place doll on cardboard toilet.

4. Tug at Sebbie's britches saying, "Off", "Off".

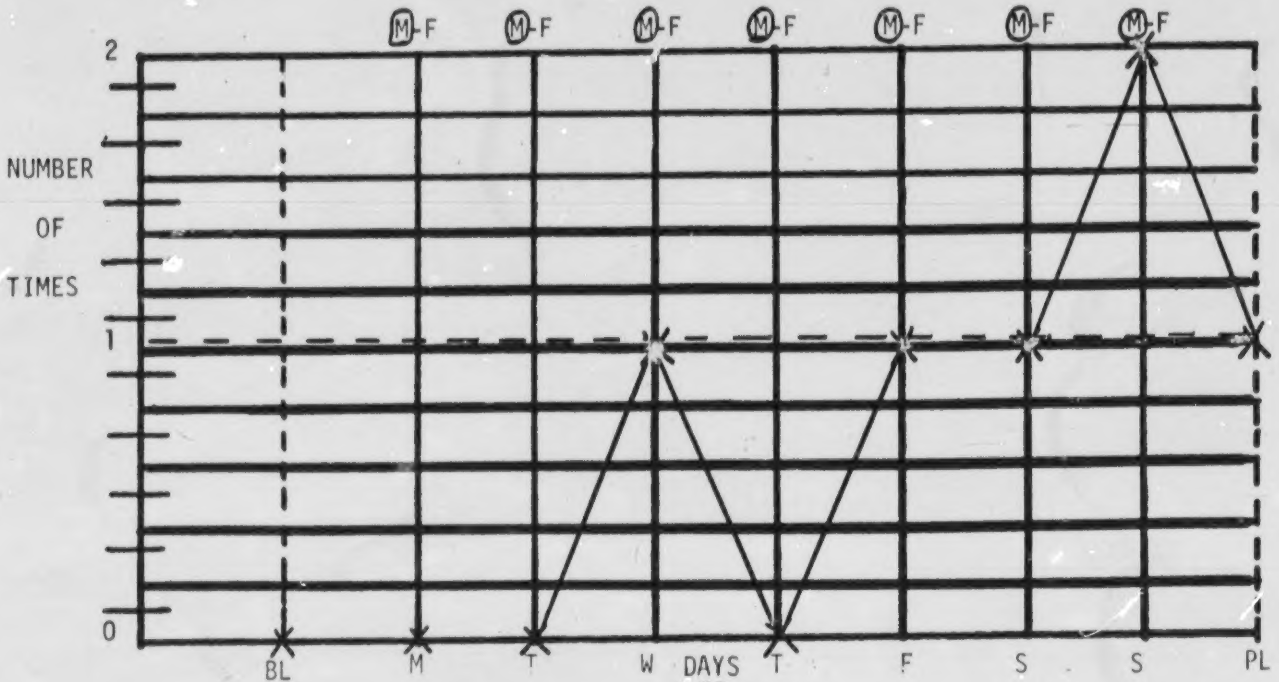
5. Place Sebbie's hands on his pants and help him pull down, saying (slowly and distinctly) "Off", "Off".

6. Point to Sebbie's pants, make downward motion saying "Off".

7. Use cue word alone. 8. Repeat sequence

REINFORCEMENT: Touch, Kiss, "Good Boy"

GOAL: 1/2 day



DAY: [illegible]

TIME: 3:15 - 4:15

TITLE: The Alpern-Boll Developmental Profile

OBJECTIVE: The new Home Advisors will become familiar with the administration and scoring of the Alpern-Boll Developmental Profile

PROCEDURE: The training coordinator schould explain the following areas of the Alpern-Boll Developmental Profile Manual:

1. Introduction, page 1-2
2. The four goals used in the construction of the Developmental Profile, page 2-3
3. The administration Scoring, page 32-37

The trainees will pair off and give the test to each other for scoring practice

MATERIAL: One Developmental Profile (Manual) per two trainees
One Scoring Booklet for each trainee

EVALUATION:
1. The new Home Advisor will score the practice tests with 100% accuracy
2. Complete training critique, p 171
3. Discussion

DAY: 1

TIME: 4:15-4:30

TITLE: Assigned Readings

OBJECTIVE: The trainees will be given this opportunity to preview and check out the required readings. The required readings will include:

Krumboltz, J. D. and Krumboltz, Helen B., Changing Children's Behavior, Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1972.

Patterson, G. R. and Guillion, M. Elizabeth, Living With Children: New Methods for Parents and Teachers, Revised Edition, Champaign, Illinois: Research Press Company, 1971.

Stuart, Richard B., Trick or Treatment: How and When Psychotherapy Fails, Champaign, Illinois: Research Press Company, 1970.

PROCEDURE: The following books should be considered as supplementary texts and are highly recommended to all trainees:

Becker, W. C., Parents are Teachers: A Child Management Program, Champaign, Illinois: Research Press Company, 1971.

Buckley, Nancy K. and Walker, H. M., Modifying Classroom Behavior: A Manual of Procedure for Classroom Teachers, Champaign, Illinois: Research Press Company, 1972.

Diebert, A. N. and Harmon, Alice J., New Tools for Changing Behavior, Champaign, Illinois: Research Press Company, 1973.

Whaley, D. L. and Malott, R. W., Elementary Principles of Behavior, New York, New York: Appleton-Century-Crofts, 1970.

MATERIAL: Living With Children: New Methods for Parents and Teachers

Changing Children's Behavior

Trick or Treatment: How and When Psychotherapy Fails

EVALUATION: Completion of assigned readings report forms I, II, III.

ASSIGNED READINGS REPORT FORM I

Changing Children's Behavior

Date Checked Out ________________ Date Returned ________________

List the thirteen basic principles discussed in the book.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.

ASSIGNED READINGS REPORT FORM II

Living With Children

Date Checked Out __________ Date Returned __________

Chapter 1. 8 possible __________ correct

2. 36 possible __________ correct

3. 43 possible __________ correct

4. 15 possible __________ correct

5. 30 possible __________ correct

6. 11 possible __________ correct

7. 13 possible __________ correct

8. 28 possible __________ correct

9. 23 possible __________ correct

10. 19 possible __________ correct

11. 32 possible __________ correct

12. 27 possible __________ correct

13. 41 possible __________ correct

14. 24 possible __________ correct

350 possible __________ correct

__________ % correct

ASSIGNED READINGS REPORT FORM III

Parents Are Teachers

Date Checked Out ____________ Date Returned ______________

Unit 1. 43 possible ________ correct
2. 32 possible ________ correct
3. 39 possible ________ correct
4. 45 possible ________ correct
5. (1) 25 possible ________ correct
5. (2) 20 possible ________ correct
6. 23 possible ________ correct
7. 29 possible ________ correct
8. 32 possible ________ correct
9. 38 possible ________ correct
326 possible ________ correct
________ % correct

DAY: 2

TIME: 8:30 - 12:00

TITLE: Behavior Modification

OBJECTIVE: The purpose of this session is to develop an understanding and appreciation for the concepts of behavior modification. Areas will include:

Definition of Behavior Modification, Behavior-Learned, strengthened, maintained, weakened and eliminated, pinpointing behavior, suggested reinforcers and application, Do's and Don'ts of Behavior Modification, practice graphing and case histories.

PROCEDURE: The instructor will stimulate discussion whenever possible and aid the trainees in completing the various exercises.

MATERIAL:
Pre-Test
Narrative
Pinpointing Behavior
Suggested Reinforcers
Do's and Don'ts
Practice Graphing
"Case Histories" 1, 2, 3
Glossary
Post-Test

EVALUATION:
1. Determined by pre-post test comparisons.
2. Complete training critique, p. 171.
3. Discussion.

PRE-TEST

1. Is a reward for desired behavior the same as a bribe? __________

   Why? __________

2. If a person's behavior is not positively reinforced (a pleasant consequence occurs), the behavior:

   a. increases in frequency (occurs more often).
   b. decreases in frequency (occurs less often).
   c. does not change.
   d. makes the person angry.

3. The term reward is often used interchangeably with:

   a. candy
   b. praise
   c. reinforcement
   d. consequence (pleasant)
   e. money
   f. bribe.

4. If a person is given a positive reinforcer, behavior is:

   a. weakened
   b. eliminated
   c. strengthened
   d. not changed

5. A schedule of reinforcement in which every correct response is reinforced is called a:

   a. fixed ration schedule
   b. variable interval schedule
   c. fixed interval schedule
   d. continuous reinforcement schedule
   e. variable ratio schedule

6. Reward should be given:

   a. infrequently with large amounts.
   b. infrequently with small amounts.
   c. frequently with large amounts.
   d. frequently with small amounts.

7. Performance should be rewarded:

a. before it occurs
b. while it is occurring
c. immediately after it occurs
d. all of the above

8. Removing a person from a reinforcing environment is called:

a. stimulus satiation
b. punishment
c. time out
d. extinction

9. Presentation of an aversive stimulus (unpleasant consequence) after an undesirable behavior is called:

a. counter conditioning
b. stimulus change
c. punishment
d. time out

10. Presenting a desirable stimulus (pleasant consequence) at such a high rate that it loses its reinforcing value and may become aversive is called:

a. shaping
b. stimulus change
c. satiation
d. counter conditioning

11. Non-reinforcement of a behavior previously reinforced so that the behavior decreases in strength is called:

a. punishment
b. extinction
c. counter conditioning
d. time out

12. Manipulation or removal of a cue (environmental prompter or stimulus) which normally elicits a response is called:

a. stimulus change
b. satiation
c. extinction
d. punishment

13. Reinforcing a behavior which cannot occur simultaneously with another (incompatible behavior, example: wet pants - dry pants) is called:

a. time out
b. shaping
c. punishment
d. counter conditioning
e. none of the above

14. Breaking behavior down into small simple steps and reinforcing successive approximations of the final goal behavior is called:

a. shaping
b. extinction
c. stimulus change
d. time out

15. A reinforcement schedule requiring a fixed number of responses before one is reinforced is called:

a. continuous
b. fixed ratio
c. variable ratio
d. fixed interval

16. A reinforcement schedule which varies the number of responses required before one is reinforced is called:

a. variable ratio
b. variable interval
c. fixed ratio
d. fixed interval

17. A reinforcement schedule requiring a set length of time before a response will be reinforced is called:

a. variable ratio
b. fixed ratio
c. variable interval
d. fixed interval

18. A reinforcement schedule which varies the length of time for reinforcement is called:

a. fixed interval
b. fixed ratio
c. variable ratio
d. variable interval

19. What schedule of reinforcement best exemplifies playing a slot machine?

____

20. What schedule of reinforcement would probably generate the fastest rate of responding?

____

21. What schedule of reinforcement would most aptly apply to a fisherman and his catch?

____

22. What schedule of reinforcement is demonstrated by a child receiving an allowance once a week?

____

23. Under which schedule of reinforcement could an individual earn the greatest number of rewards in the shortest period of time?

____

24. When undesirable behaviors are present, we can assume they are a result of:

a. heredity (the child was born that way).
b. the correct (adaptive) behavior has never been learned.
c. the child cannot help himself.
d. an incorrect (maladaptive) behavior has been learned which conflicts with the performance of the correct behavior.

25. Which of the following are learned behaviors:

a. lying
b. disobedience
c. honesty
d. courtesy
e. all of the above

26. If an individual is not performing a behavior we want him to, it is quite likely he is not getting ____________ for it.

27. If you desire to see a behavior decrease in frequency ____________ it.

28. If you desire to see a behavior increase in frequence ____________ it.

29. Inappropriate or undesirable behaviors persist because they are ________

30. ______________ is a powerful reward for most people, especially children.

31. We can assume that a ________________ is operating to maintain any behavior which occurs.

32. Just as attention increases the frequency of appropriate behaviors, it also ________________ the frequency of inappropriate behaviors.

33. Punishment is many times ineffective in eliminating inappropriate behavior because the person is at the same time __________ with __________.

34. A better way to reduce the frequency of inappropriate behavior is to ______________________ from it.

35. If you are reinforcing a behavior in a child, and it does not seem to be working very well (behavior not increasing) check your reward. It may not be working because:

a. you are giving too much of a reward.
b. you are giving too small a reward.
c. you are giving the wrong kind of reward.
d. all of the above.

36. An example of a tangible reinforcer is:

a. a smile
b. praise
c. attention
d. a cookie

37. An example of an intangible or social reinforcer is:

a. money
b. candy
c. a new bicycle
d. attention

38. In measuring and recording behavior, the first of three segments on the graph is referred to as the ______________________.

39. The second segment (usually twice the time interval) is referred to as:

____

40. During the baseline period, behavior is observed and recorded with no attempt made to apply ______________________.

41. During the treatment period, reinforcers are applied to __________ desirable behaviors and withheld to ________________ undesirable behaviors.

42. One should attempt to modify only ____________ behavior/s at a time.

43. A behavior can be identified if it can be ________ and ________.

44. In identifying a behavior, it must be defined precisely enough that another person could also _________ it, and __________ it.

45. When working with a given behavior it is advisable to determine with what frequency the behavior occurs prior to any intervention attempt. The recording of this behavior is called ________________.

46. Other words often used to describe initial prompting to elicit a response are:

a. cue
b. antecedent
c. stimulus
d. prompt
e. all of the above

47. Behavior problems often develop in children where the parents take __________ behavior for granted and punish or attend to _____ _________ behavior.

48. Observing what happens after a response occurs may help us determine what the ______________ for it is.

49. If the consequences of behavior are pleasant, what tends to happen to the behavior? ______________________________

50. If the consequences of behavior are unpleasant, what tends to happen to the behavior? ______________________________

TEACHING NEW SKILLS

INTRODUCTION:

Why are some behaviors appropriate (adaptive) while others are inappropriate (maladaptive)? Although heredity obviously plays an important role in potential capabilities, in general a child acts the way he does not because he was born that way, but because he was taught to behave that way. Most of what we observe other people doing is something they have learned. Talking, laughing, and listening are learned behaviors, but so are whining, fighting and temper tantrums. A child learns new skills - he also learns behaviors which are detrimental to him socially and academically. How are social behaviors learned? The answer is through reinforcement.

DEFINITION:

Behavior modification is a set of systematic procedures utilized in teaching new behaviors. It is based on the principle that behavior is affected by its own consequences. That is, if the events which follow a response are pleasant to an organism, the probability increases that the response will occur again. Conversely, if the consequences are unpleasant the probability of the response occurring again diminishes.

Consequences that strengthen behavior are called reinforcers. Behaviors can thus be taught, strengthened, weakened and extinguished by the discerning application or removal of reinforcers.

BEHAVIOR:

A. Learning new behavior:

1. Imitation

(Example)

A young child begins his movements reflexively. As he gains motor control over his environment, he is reinforced by movement, sound, color, touch, etc. As successes in manipulation develop, he is also reinforced by smiles, sounds of approval, attention - in effect, love.

As cognition emerges, he begins to imitate others in his environment because he is reinforced for this imitation. As the child becomes older, he responds imitatively even more. How many of you have seen the TV commercial about the father and son? They wash the car together, fish together, skip rocks together, etc. They take a break and sit by a tree. Dad lights up a cigarette and lays them on the ground. The son watches him, reaches for a cigarette, and pretends to light up and exhale. ..... Learning by imitation. Perceived approval would be the stimulus, actual approval (attention) the reinforcer.

2. Shaping

(Example)

Another method of teaching behaviors, in addition to modeling or imitation, is the method of successive approximations (shaping).

If a behavior has never been exhibited by a child, we cannot reinforce the behavior.

Therefore, to teach some behaviors, we must reward behaviors which are close to, or approximate, the desired behaviors.

Shaping might be best understood by first citing an incident that occurred in a college classroom.

It was spring and the class was restless. They were looking for some excitement or "action" to offset the ennui that typically prevails when one would rather be outside than in a stuffy classroom.

Several students had completed a course in Behavior Modification the previous semester and decided to enlist student support in an effort to "shape" the professor's behavior. The goal decided upon was to have the professor lecture in the position of half sitting on the right front corner of his desk. Accordingly, the class set about shaping, or reinforcing, only those movements and positions which would lead to this goal. Whenever the professor would approximate, by movement, the desired position, everyone in class would lean forward expectantly and pay close attention to what he said. Whenever he moved away from the right front corner, the students would lean back in their chairs and feighn disinterest.

Needless to say, attention was so reinforcing to this man, that evantually he became almost "pinned" to that one corner.

For many children tasks have to be broken down into many smaller components. By combining a cue-reinforcer approach to each increment and moving from one success to another a child is "shaped" into the larger skill. How would you teach a child to tie a shoe? Write down what you would consider to be an optimal number of steps.

B. Strengthening Behavior:

1. Inadvertent or deliberate presentation of reinforcer

(example)

(IF)
S (mother ready to leave B.)

(then) (leads to)

R (B throws tantrum) C (mother stays home)

Reinforcer for Tantrum

S = stimulus

R = response

C = consequence

Twice before mother has hired a babysitter and prepared to go play bridge with friends. Each time, though, B has thrown a tantrum and mother has stayed home. Today is no exception. What is the probability B's behavior will become stronger?

C. Maintaining Behavior:

1. Schedules of reinforcement

(examples)

The way in which a reinforcement, or reward, is programmed to occur as a result of a number of responses, the time between responses, or other temporal or quantitative features or responses, is called a schedule of reinforcement. There are numerous ways in which reinforcement may be "scheduled" to occur as a function of response. The following discussion will concern itself with the various methods of schedules in which reinforcements may be programmed and the influence of the type of reinforcement schedule to the acquisition of learning and resistance to extinction.

When the child is attempting to learn a new behavior, a continuous schedule of reinforcement is most advantageous. By a continuous schedule of reinforcement, we mean a schedule in which each correct response is followed by a reinforcement. Thus, the child quickly learns what behavior must be emitted in order to gain a "reward". As a result, the desired behavior is usually repeated with a high degree of frequency until the child is no longer interested in obtaining the reinforcement (satiation). While this schedule is advantageous to the acquisition of a new skill, it has two distinct disadvantages. One weakness is obvious with continuous reinforcement, particularly when food or candy is used as a reward. A child is hungry for just so long, and once his hunger is abated, he no longer feels the need to perform in order to realize the reward. Thus, satiation occurs and the behavior may cease to exist. A second disadvantage with continuous reinforcement results when the reinforcement is withdrawn. In comparison to the other types of reinforcement schedules, the withdrawal of a reinforcement or consequence used in a continuous schedule of reinforcement results in a rapid decrease and eventual cessation of the behavior (extinction). A second form of reinforcement schedule is the partial or intermittent schedule of reinforcement. In the case of a partial or intermittent reinforcement schedule, reinforcement for a correct response does not occur each time the response is emitted. Rather, it occurs only after a number of correct responses have been emitted, or after a period of time has passed during which the correct response has been occurring. While a continuous schedule of reinforcement is more advantageous for the learning or acquisition of a new behavior, an intermittent reinforcement schedule is advantageous in ensuring that the behavior occurs for a prolonged period of time and in increasing the resistance of the behavior to extinction.

Example: When working with a child who has delayed language development, one might utilize pictures of objects commonly found in the environment and ask the child to name them. Initially, in order to get the child interested in the task, it may be necessary to reward the child each time he makes a correct response with, perhaps, an M and M or other material reward if the child is unresponsive to social forms of reinforcement. It can be readily seen that when working with a 3 or 4 year old in the acquisition of vocabulary, an M and M given after each correct naming of a picture would soon satiate the child and consequently result in a decrease in interest for the task, as he will no longer have a desire for the candy. In a situation such as this, the Home Advisor would experience greater gains during the learning session if the child were rewarded only after a given number of correct responses or after the child has been engaged in the productive activity for a given period of time, thus decreasing the amount of candy given the child, thus increasing the productive time that the child will work prior to satiation.

There are several forms of intermittent schedules of reinforcement. The first type is called the ratio schedule. In a fixed ratio schedule, the reinforcement follows a fixed number of responses; for example, every tenth response, and such a schedule would be symbolized as fixed ratio 10. In other words, for every ten correct responses emitted, the individual received one reinforcement. If the child was reinforced for every fifth correct response, the fixed ratio would be 5. The fixed ratio schedule reinforcement is used when the teacher desires to have the child perform under a variable ratio reinforcement schedule rather than a continuous reinforcement schedule in order to decrease the likelihood of satiation occurring and to increase resistance to extinction (the cessation of behavior following the withdrawal of the reward reinforcement).

For example: If a Clinician, or Home Advisor, is operating within a continuous reinforcement schedule and shifts directly to a variable ratio schedule with the first reinforcement occurring only after 10 correct responses, extinction may occur before the 10 responses have been emitted. Therefore, it would be better to move from a continuous reinforcement schedule to a fixed ratio schedule of perhaps two responses for one reinforcement or consequence. Thus, the reinforcement schedule may be stated as fixed ratio 2 (FR 2). When extinction does not occur, the fixed ratio schedule may be increased to fixed ratio 3, fixed ratio 4, etc., until the child's tolerance for responding without each response resulting in a reinforcement is developed. Once this occurs, a variable ratio (VR) schedule should be initiated, as a higher level of responding occurs under a VR schedule than when a FR schedule is used.

In a variable ratio schedule of reinforcement, the reinforcer is related to the number of responses; however, instead of occurring after a fixed number, the reinforcing stimulus occurs after a varying number of responses has been emitted. The advantage of a variable ratio schedule of reinforcement is that the individual soon acquires a high level of responding and the behavior becomes much more resistant to extinction when the reinforcement is withdrawn, because the individual will not know how many more correct responses will be necessary before a reinforcement is forthcoming.

One may dispense reinforcements in relation to time as well as to the number of responses, thus creating interval schedules of reinforcement. As with ratio schedules, interval schedules may be fixed or variable. In a fixed interval schedule, the reinforcing stimulus occurs after the lapse of an interval of time, such as a specified number of seconds, minutes, or hours, depending on the age and mentality level of the child. As a general rule, the younger the child, or the lower the mental age, the shorter the interval of time should be between reinforcements so that the child will be able to relate the reinforcement with the correct behavior exhibited. For example: If a child exhibits the desired behavior for a response and the consequence or reinforcement is not immediately forthcoming, an undesirable behavior or response many occur between the time of the desired response and its consequence or reinforcement, thus increasing the likelihood that the child will associate the reinforcement with the undesired behavior rather than with the desired response. An example of a fixed interval schedule of reinforcement could be used with a school age child who has difficulty remaining in his seat for any meaningful length of time. The teacher might reinforce the child for remaining in his seat for a given number of minutes.

In a variable interval schedule, the reinforcement occurs after differing periods of time in which the desired reponse is exhibited. For example: the child who is reinforced for remaining in his seat may initially be rewarded for every time he stays in his seat. Then as the "in-seat" behavior becomes more pronounced, the interval of time that the child must remain at his desk prior to receiving a reinforcement may be increased. As with any variable schedule of reinforcement, the variable interval schedule has the advantage over the fixed interval schedule of maintaining behavior that is more resistive to extinction.

In extablishing an effective schedule of reinforcement, it is of utmost importance that the quality of the reinforcement should be highly meaningful to the subject. Many failures in attempting to modify behavior have been the result of the selection of an inappropriate reinforcement.

Conditioned Reinforcers:

The goal of behavior modification is to develop a behavior in an individual to the extent that the individual exhibits the behavior without external management. Thus, the behavior must be incorporated into the individual's behavioral repertoire. In order for this to occur, the individual must achieve a feeling of self-satisfaction from having exhibited the behavior independent of external reinforcement. In order to develop such a behavior, which was originally non-meaningful to the individual, one must begin by utilizing a reinforcement which is highly rewarding to the subject. Hopefully, one might begin with a social reinforcement which is more adult than a material reinforcement, and thus is one step closer to the eventual incorporation of the behavior by the subject. If, however, a social reinforcement is not meaningful, one might resort to using material reinforcements, such as the chance to earn a model airplane, a new bicycle, an M and M, etc. As the goal is the inclusion of the behavior into the individual's daily life style, it is desirable to move a child from material reinforcements to social reinforcements as rapidly as possible. The way to do this is to pair a previously unmeaningful social reinforcement with a meaningful material reinforcement.

Example: Recently, I worked with a kindergarten child who was non-responsive to the verbal commands of the teacher. The teacher had tried various forms of verbal praise with negligible results. After observing the child, it was noted that a lower level material reinforcer would be necessary. While working with the child, it was noted that he was extremely interested in helping the teacher pass out milk and graham crackers. Therefore, the privilege of passing out milk and graham crackers was used as a reinforcement for the desired behavior of not hitting other children. In order to aid the child in incorporating the non-hitting behavior into his behavioral repertoire, and to thus become more adult-like in managing his own behavior, the formerly unmeaningful verbal praise and social reinforcements given by the teacher were paired with the meaningful reinforcement, i.e. passing out milk and graham crackers. By pairing the two reinforcements in such a manner, the social reinforcements of the teacher eventually took on a meaningful degree of significance for the child. Eventually, this led to the child working solely for the social reinforcements given by the teacher, and a decrease in the necessity of resorting to special privileges in order to manage behavior Essentially, this was more adult-like than continuing with the privilege of passing out milk and graham crackers as the responsiveness to social reinforcement was one step closer to incorporating the desired behavior into his own repertoire.

It should be kept in mind when pairing a non-meaningful reinforcement with a meaningful consequence, that the non-meaningful reinforcement should always precede the meaningful reward with as little time as possible lapsing between the two presentations.

D. Weakening Behavior:

1 Punishment

(Example)

Punishment does work as long as it is meted out objectively, parsimoniously (relevantly) and with the idea, always in mind, that it is a learning experience for the child Vindictiveness, vengeance or toleration limits reached in anger, point up the needs of the giver more than the receiver Research indicates that punishment to be effective, has to be relatively severe, timely, and consistent. This is where, as a technique, punishment falls short.

We're all human When do we generally punish?

In anger, of course. What about relative severity? For some children a firm voice can result in sobbing. For this child, the firm voice probably represents severe punishment. Another child could be paddled to the bruise level and still wander off, seemingly unaware anything out of the ordinary had transpired. This then, would not be severe punishment for him, but, more likely, physical abuse which satisfied some adult needs. Punishment has to be timely. It must be closely related in time to the response How often is this really the case? Little Joan colors on the walls of her bedroom. When mother finally discovers the misdeed, Joan is taken to task Usually, it is "did you do that?" did you? did you?" When Joan finally admits the misdemeanor she is spanked From her frame of reference was she punished for telling the truth? Can she really tie the punishment, temporally to the behavior? Consistency is another bugaboo Mom might spank, dad might admonish. Can Joan, then depend upon a well-defined limit? None of the above criticisms are insurmountable, but do complicate the usage of punishment as a technique

2 Time Out

(Example)

For some behaviors, simply ignoring the child is not enough to curtail the behavior unless the time involved is not a consideration. Time out from positive reinforcement represents an effective alternative. The method of time out removes the child from a situation in which he can receive reinforcement This differs from extinction in that the method of extinction removes the reinforcing stimulus rather than the child

3 Counter Conditioning

(Example)

Incompatible behaviors are behaviors which are difficult to perform simultaneously, with the deviant behavior. When these behaviors are being performed they do not allow for maladaptive behaviors to occur Reinforcing incompatible behaviors is a useful tool for eliminating undesirable behaviors and building up desirable behaviors. It increases the effectiveness of other reinforcement or punishment techniques when used in conjunction with them. It would be doubly effective if we reinforce non-nail-biting behavior at the same time we apply aversive techniques to the nail-biting behavior.

4. Stimulus Satiation

(Example)

Satiation is the method of presenting a reinforcing stimulus at such a high rate that it is no longer desirable and may be aversive. Having a child write, 500 times, a dirty work which he has used is an example of the technique of satiation. Due to the differences in satiation levels, both among subjects and among reinforcers, it is difficult to determine the effectiveness of this technique. Sometimes the behavior is eliminated and other times the effects are only short term. This technique should not be dismissed out of hand though, since desirable behaviors are sometimes inadvertently diminished through satiation of a reinforcer.

5. Stimulus Change

(Example)

This technique consists of manipulation or change of the stimulus which appears to trigger a response. If a bowl of candy is kept on the table and a child cannot seem to leave it alone, the candy is removed, or replaced with, say a bowl of fruit.

E. Eliminating Behavior:

1. Extinction

(Example)

When a behavior is never reinforced, it will decrease in strength and disappear. This fact has been observed many times in practice. The problem here is that inadvertent reinforcement causes what is termed spontaneous recovery. The undesirable behavior shoots up in frequency and intensity to a level higher than the pre-extinction level.

NOTES:

PINPOINTING BEHAVIOR:

Identifying (pinpointing) target behaviors: we have talked about behavior - the changing or modifying of behavior. The alteration of behavior, though (in behavior modification theory), assumes that only one behavior at a time will be attended to, How do we isolate, identify, or specify a single behavior? Basically, a behavior can be identified if it can be observed and counted.

WORKSHEET - PINPOINTING

The following items are behaviors that may or may not be sufficiently pinpointed for observation and measurement. If you feel that an item is a behavior that can be OBSERVED and COUNTED, place an "x" in the column marked "agree". If you feel that an item is a behavior that CANNOT BE OBSERVED and COUNTED, place an "x" in the column marked "Disagree". If not sure, "x" the "Don't know" column.

EXAMPLE:	AGREE	DISAGREE	DON'T KNOW
Spills milk	X		
1. Late for supper			
2. Short attention span			
3. Reversal "b" and "d" when writing			
4. Poor reader			
5. Mean to other children			
6. Leaves ring around bathtub			
7. Bites nails			
8. Hyperactive			
9. Stacks rings on pegs in order.			
10. Doesn't mind			
11. Catches bounced ball two out of three times			

	AGREE	DISAGREE	DON'T KNOW
12 Immature			
13. Wets britches			
14. Poor speech			
15. Kicks cat			

SUGGESTED REINFORCERS:

OTHER POSSIBILITIES

TV watching

Money

Candy

New clothes

Toys

Making decisions

Helping mother or dad on "Special Projects"

Running errands

Playing outside

Family games

Gum

Fruit

Privileges (e.g., staying up late)

Painting

Trips to:

zoo-park-museum
library

Praise & attention

Smiles

Physical affection

Visit friends

Family drive

Choice of dessert

Games & puzzles

Being first

Being right

Tokens

Stamps

Writing letters

Collecting mail

Cooking

Story time

Bike rides

Fishing

Sledding

Coloring

Swimming

APPLICATION:

There are many ways to utilize reinforcers. Two main requirements are:

1. Whatever the reinforcer is, it has to be introduced after the behavior occurs - the longer the control agents waits, the weaker the reinforcer.
2. The control agent has to be consistent. The child will then develop an expectancy "set" which in itself is reinforcing.

SOME DO'S AND DON'TS OF BEHAVIOR MODIFICATION

DO: Approach behavior management with an open mind. The system is making the job easier for many people ..... why not for you?

DON'T: Think of behavior management as a replacement for a teaching method. Behavior management is an aid, not a substitue. It is compatible to any good method of teaching.

DO: Become thoroughly familiar with the terminology.

DON'T: Start until you've thought about what you want to accomplish in specific terms.

DO: Pinpoint. Be specific about the behavior you want to modify. Break it down to its smallest possible unit. (Not "disturbing class" but, "talking out" or "out of seat". Not "getting work done" but, "words read" or "problems worked").

DON'T: Try to decelerate more than one behavior in a child at one time.

DO: Count the behavior long enough to establish a baseline before you introduce your arrangement.

Sometimes counting alone will extinguish an undesirable behavior or accelerate a desirable one.

DON'T: Try to count a behavior all day.

It is easier to be consistent with a time sample. (How many times does the behavior occur in a 30 minute period each day?)

DO: Study the child before deciding on a stimulus or a consequence. What "turns him on"? What does he do when he is free to choose? One child's reward may be another child's punishment.

DON'T: Give up if the first thing you try doesn't work. You may need to increase the frequency or amount of the consequence, or substitute another.

DO: Make only one change in the arrangement at a time. Otherwise, you will never know what worked.

DO: Respond to your graph. Young children, especially, may need frequent changes. Be ready to substitute if one consequence stops working or the effect levels off.

DON'T: Get "crutched - trapped". You don't have to go on giving a child candy, or gum .... forever.

DO: Use natural consequences whenever possible. Candy, gum, and money are fine if you need them, but five minutes playtime or the chance to work on a favorite project may be better.

DO: Let the child take over the recording of his own behavior if possible. Present his own consequence.

DON'T: Let the mechanics of the program get you down. Once you fully understand the system, you will find ways to simplify procedures to fit your needs.

DO: Maintain an air of detachment. If you over-react with praise or disappointment, how will you know whether the child is responding to the consequence or to your behavior?

If you want to use praise or disapproval as a consequence, it must be consistent and must be recorded as part of the arrangement.

DON'T: Blame the child if you are NOT getting results. Figure out what you are doing wrong and change it. You can succeed!!

DO: Remove the consequence after a modification is established.

DON'T: Hesitate to go back to the arrangement if the new behavior does not continue after the consequence is removed.

DO: Continue to record. You haven't really modified unless the new behavior continues after the removal of consequence.

DO: Set your expectations high. If you expect too little you may be holding the child back for lack of enough material to work on.

DON'T: Scold to try to increase a child's production. Children are hurt by scolding not by high expectations. Let behavior management techniques work for you.

DO: Accelerate a desirable behavior when you decelerate an undesirable one.

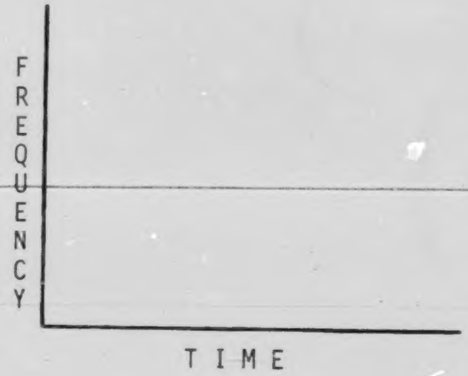
DON'T: Leave a child totally decelerated. The goal is to help him find better patterns of behavior.

DO: Think of the child's total optimum development. Modify only the behavior that is important in that framework.

State of Iowa
Department of Public Instruction
Behavior Modification Workshop
Practice Guide, 1970

PRACTICE GRAPHING:

The occurrence of behavior, before the Behavior Modifier attempts to change it is called the operant level. A record of this occurrence is called the baseline. The baseline is the pre-experimental record of a behavior. Whether the modifier desires to strengthen or weaken a behavior, the record of his experimental efforts is called the treatment period. The treatment period generally runs about twice as long as the baseline. Both are usually represented graphically.



The number of times behavior occurs (within a certain time segment) is represented vertically.

The time segments (e.g. days, minutes or seconds) are represented horizontally.

DATA:

Suzie is late to supper after being called, the following amounts of time

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	UNDAY
10 min	9 min.	8 min.	9 min.	8 min.	10 min.	min.

Mother makes TV watching a function of timeliness.

The following represents Suzie's subsequent behaviors:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
10 min	8 min	6 min.	4 min.	5 min.	3 min.	2 min.

EXERCISE:

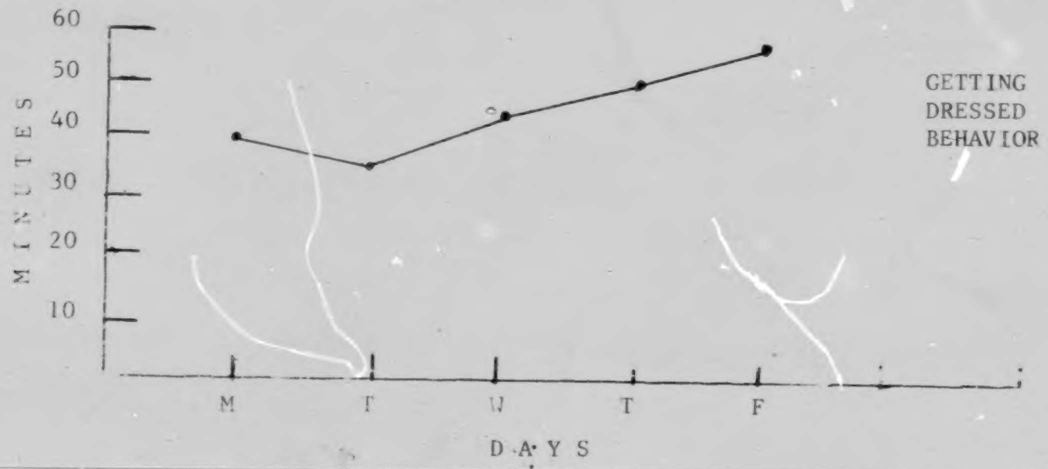
1. Label baseline and treatment period.
2. Mark off time and frequency on graph.
3. What is the target behavior? ________________________
4. What is the reinforcer? ________________________
5. Plot the baseline.
6. Plot the treatment period.

Did mother do the right thing?

8. Why? ________________________

CASE HISTORY # 1

Mrs. Smith felt mornings were about the worst part of every day. Maybe Saturdays and Sundays weren't so bad but, then there wasn't any school on those days. Barrett Smith, age 7, was on the verge of becoming a legend in his own time - for puttering. Granted, it was a trifle easier (than moving the rock of Gibralter) to get him out of bed in the morning but from then on things really became difficult. Specifically, the problem was getting dressed. Barrett could do more piddlin' and puddlin' and fiddlin' and muddlin' than all his older sibs had ever done put together. Mrs. Smith was worried because twice this past week Barrett had been late for school. He certainly wasn't getting a nourishing breakfast, either, because by the time he got dressed he had to gulp and run. Mrs. Smith had started reminding Barrett to hurry about a month ago when school started but it seemed he had just been getting slower. She then felt she had to get Barrett up earlier each morning because he was taking longer to get dressed. Every 2- minutes she would holler up the stairs, 'Hurry up Barrett", "you're late again', breakfast is ready", "you're going to make me angry", "I'm not going to tell you again", and so on and on and on .... Mrs. Smith had confided in a friend of hers (a Home Advisor) and had followed a recommendation that she record and graph Barrett's behavior for one week. It looked like this.



The Home Advisor looked at the graph and agreed with Mrs. Smith that Barrett should be able to dress faster. Also, the prospect of hollering 20 - 30 times an hour each morning for the next 12 school years seemed, somehow, inefficient. It was suggested that Mrs. Smith holler less the coming week and to record both her and Barrett's behaviors.

NUMBER OF TIMES HOLLERED

Mon	Tues.	Wed.	Thurs.	Fri.	
30	20	13	7	3	Mrs. Smith

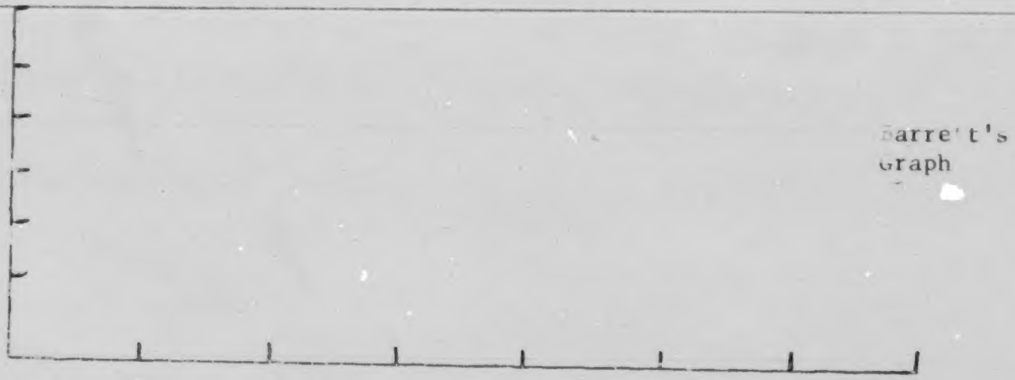
NUMBER OF MINUTES TO DRESS

Mon	Tues.	Wed.	Thurs.	Fri.	
60	40	26	14	6	Barrett

CASE HISTORY # 1

PROBLEM WORKSHEET

1. Look at the records of frequency and duration in case history # 2 and transcribe to the following graphs.



2. What happened? ____

____

____

____

3. Why? ____

____

____

____

4. Do the above graphs reflect baseline or treatment data? ____________

CASE HISTORY # 2

Do you believe Hurricanes move counter-clock-wise in a northeasterly direction and predominantly over water? Then you have not seen Hurricane Annie. Annie is a charmer! Annie is a love! But, Annie is a 4 1/2 year old house-turner-up-side-downer. To visit Annie's room was an experience her father could not even describe. When Annie walked out of her room, down the hall, and into the living room, it was as though a combine had gone hay-wire and was strewing a swath rather than cutting. Yes, indeed, sweet Annie was a "mess machine".

Mother had begun to develop a sensitive sacroiliac from so much stooping and picking up. Dad had at least two more frown lines and even thought he was getting grayer. What to do? Mom and Dad remembered the Parent/Child Home Stimulation classes they had taken and decided to try out some ideas, new to them, from their Manual. The first thing to do was get a baseline. Maybe the behavior wasn't quite as serious as it seemed. Maybe Annie didn't really Hurricane and strew twenty-four hours a day. It was felt that the major family problem was the spread of debris throughout the entire house, but that bedroom containment was a tolerable situation. Also, Mom and Dad realized they could not monitor Annie all her waking hours, so they decided to rely on a daily item count. Each night, after Annie went to bed they would pick up all the items and place them back in Annie's room, so they could start another day with an accurate count.

FIRST WEEK TALLY:

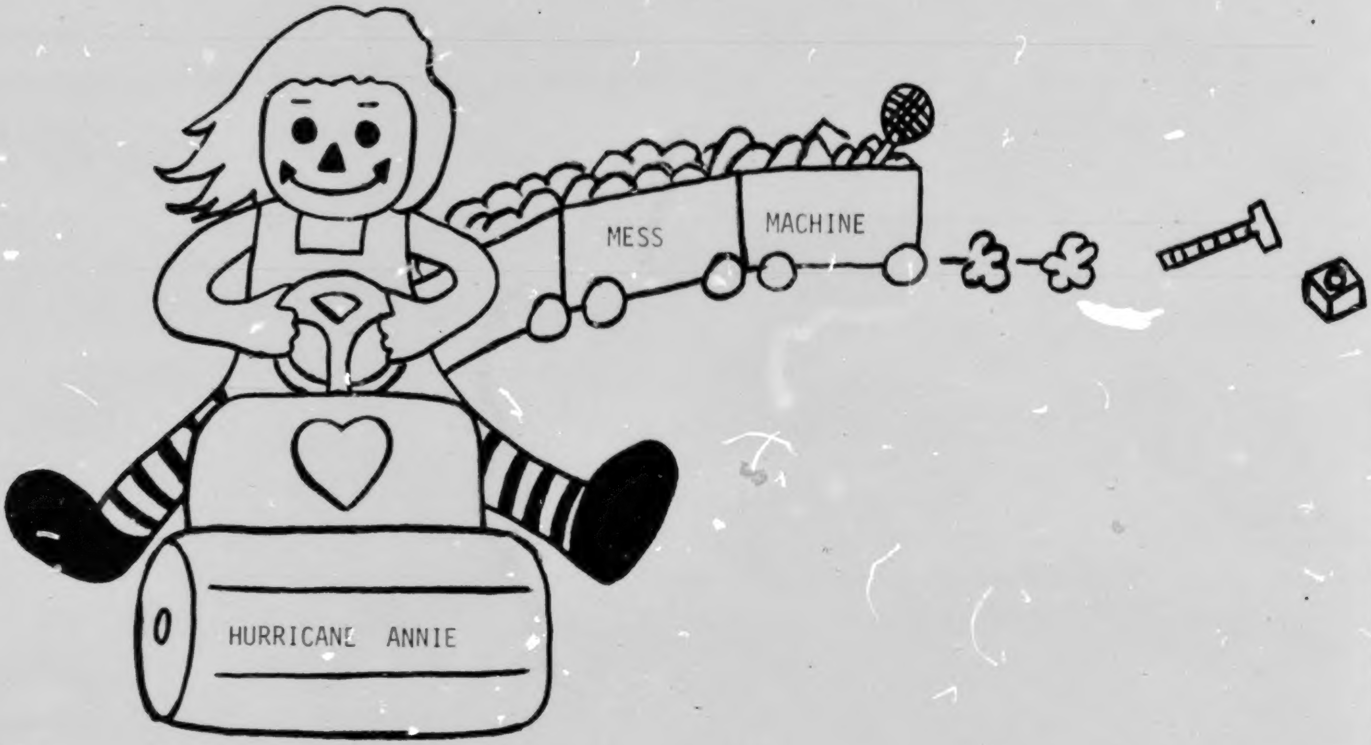
NUMBER ITEMS STREWN THROUGHOUT HOUSE

MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
75	60	65	70	75	70	65

SECOND WEEK TALLY:

NUMBER ITEMS STREWN THROUGHOUT HOUSE

MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
60	45	30	15	10	5	0


MESS
MACHINE
0
HURRICANE ANNIE

CASE HISTORY #2

PROBLEM WORKSHEET

1. GRAPH BASELINE

2 What would you do now? ______________________________

____

____

____

____

3. Would you introduce a reinforcer, remove a reinforcer, or both, to change Annie's behavior?

____

4. What might be a relevant consequence to introduce?

____

5 What might be a relevant consequence to remove?

____

CASE HISTORY # 2

PROBLEM WORKSHEET (continued)

6. Would you stipulate any special conditions to be met just prior to presenting a reinforcer?

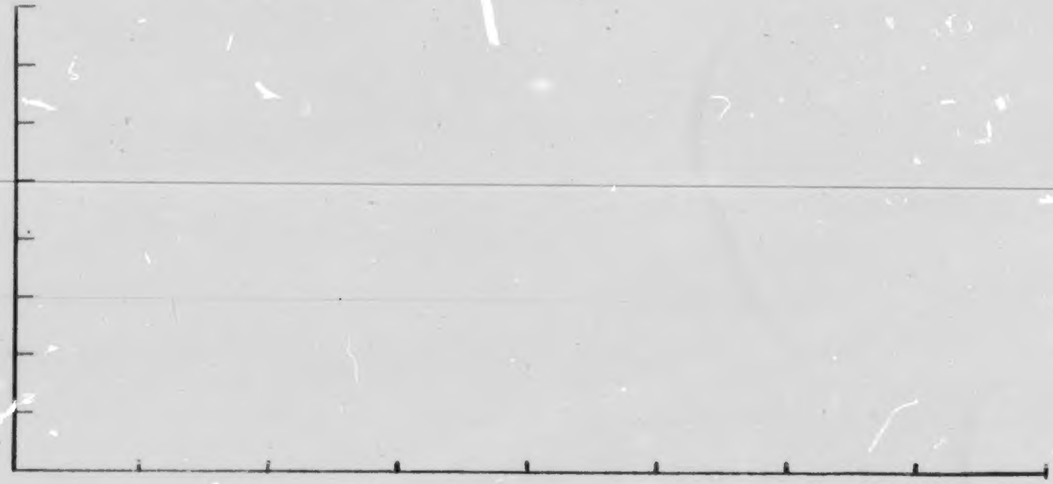
____

____

____

____

7. GRAPH TREATMENT PERIOD



8. Did the parents make the right decision?

____

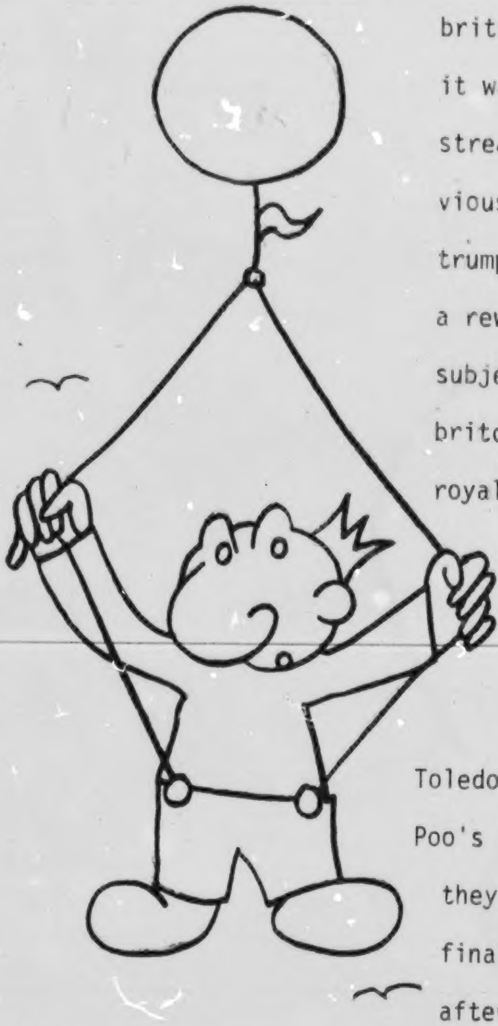
____

____

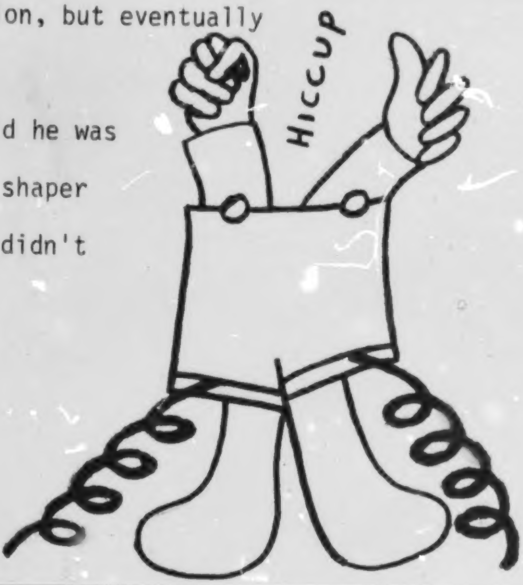
____

NOTE: You will have to assume, after the fact, that your strategies were the parents' decisions for treatment.

Case History #3



Things were in a turmoil at the old Poo Barn. Prince Poo wouldn't keep his britches on. Of course, he was only two but still it was embarrassing to King Poo to have the Prince streaking through the kingdom bare bottomed. Obviously a new behavior had to be learned. The trumpeters sallied forth and heralded the news that a reward of many sovereigns would be given the loyal subject who could teach Prince Poo to keep his britches on. Many important people came to solve this royal problem. A Vizier came with bottles and vials, mixed a strange mixture and blew up a balloon. Prince Poo kept his britches on but he kept floating away and couldn't be found for days. A prestidigitator worked out a scheme where Toledo Steel Springs were sewn into the hem of Prince Poo's short pants. Every time the britches fell down they would spring high above Prince Poo's head and finally oscillate into place. This scheme worked, after a fashion, but eventually gave Prince Poo a serious case of hiccups. Finally, from the midwest came a man who said he was a shaper. Now, no one at court knew what a shaper was. But, no one wanted to admit that they didn't know .... least of all King Poo.



So, the shaper was given the Royal go ahead. He observed and counted and recorded from morning to night for a week. Finally, he gleaned from his data that Prince Poo had never learned to pull his bitches up because pleasant consequences occurred when they fell down. Everyone at court smiled and said in unison -- "oooooh!" The shaper asked King Poo to request everyone's presence. He then asked that no one, in the future, pay any attention to Prince Poo when his britches fell down. On the contrary, if he made any move, however small, towards his britches, then everyone should smile and say, -- "oooooh!" The King understood immediately that each successive approximation, by Prince Poo, would be reinforced by the smiles and oooooh's (attention) and that soon a new behavior would be learned - britches up. He issued an edict requiring appropriate smiles and oooohs. The shaper felt that if Prince Poo would bend over and only touch his britches (for attention) the first week that this would be reasonable progress. The following week another task could be learned which would even more closely approximate the final goal. He asked a Home Advisor, stationed at court, to write a prescription - paying particular attention to cue, directions, reinforcement and criteria for success. (*New Home Advisor write prescription). At the end of one week the data looked like this: (* New Home Advisor graph data).

DAY	M (baseline)	M	T	W	T	F	S	S	M (postline)
PARENT	M	M	M	F	F	F	M	M	F
TIMES	0	0	1	0	1	2	3	4	5

CASE HISTORY #3

Problem Worksheet

FORM NO VI

THE MARSHALLTOWN PROJECT

BEHAVIORAL PRESCRIPTION

CHILD ______________________________ HOME ADVISOR ______________________________

DATE __________ TO __________ PROFILE # __________ B.O. # __________ B.O. __________

____

CUE ____

DIRECTIONS ____

____

____

____

____

____

____

____

____

REINFORCEMENT ____

GOAL ____

COMMENTS ____

____

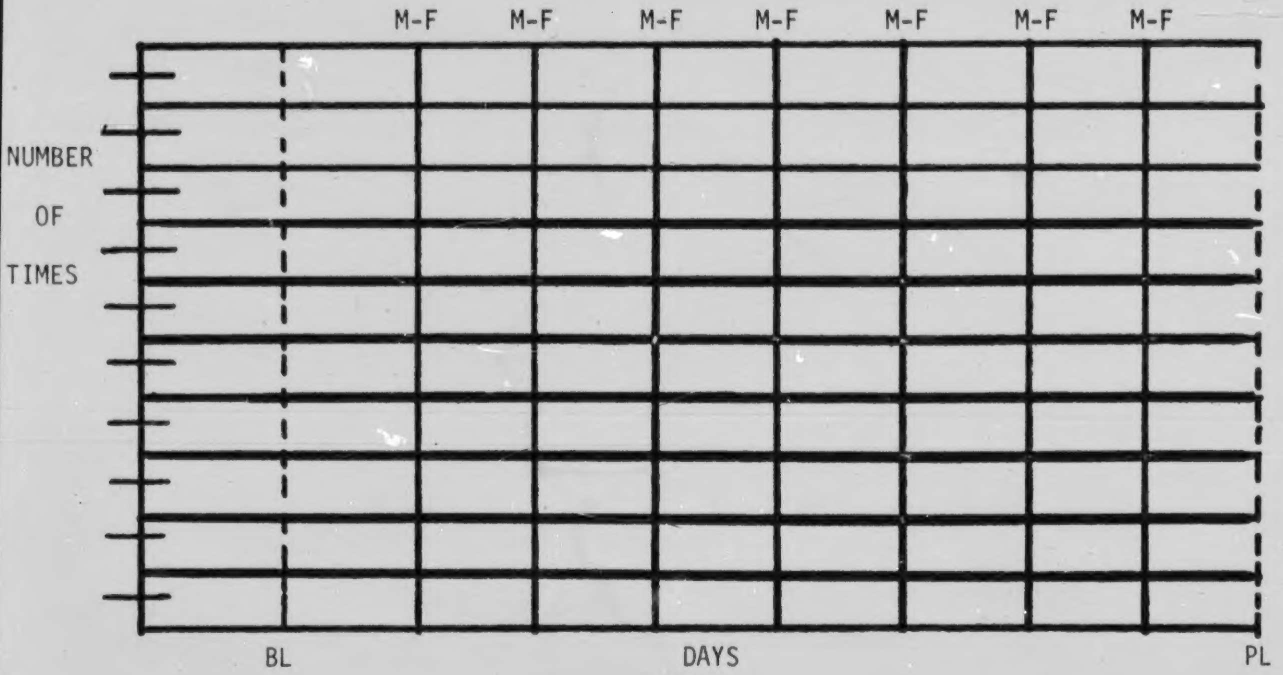
____

____

____

CASE HISTORY #3

Problem Worksheet (continued)



1. Was criterion (goal) met? ______________________________

2. What might be a next incremental behavior to be reinforced?

____

____

____

3. Is it important to distinguish which parent works most often, or more successfully, with a child? ____________ Why? ____________

____

____

4. Should the frequency hash marks (marks on the number of times line) be used in sequence, depressing graphic representation, or variably to portray a larger graph? ______________________________

____

GLOSSARY

1. BEHAVIOR MODIFICATION:

   Techniques which are concerned with the relationship between changes in the environment and change in the subject's response. Usually programmed to increase or decrease rates of behavior.

2. BRIBE:

   (usually) Considered as something given to pervert or corrupt; therefore, having strong overtones of something wrong, unethical, illegal, or immoral. Disproportionately large reinforcement for exhibited behavior.

3. CONSEQUENCE:

   As applied to behavior, a consequence can be pleasant (reinforcing or rewarding) thereby tending to strengthen that behavior; or, it can be unimportant (neutral or non-reinforcing) thereby tending to weaken behavior; or, it can be aversive (unpleasant or punishing) thereby tending to extinguish behavior.

4. CONTINGENCY:

   An arrangement or condition which must be met before a consequence occurs. A contingency refers to the arrangement or relationship between a response and a reinforcer. Whether or not a consequence occurs depends upon the prior occurrence of a response.

5. COUNTER CONDITIONING:

   Reinforcing incompatible behaviors. Incompatible behaviors are those behaviors which cannot be performed simultaneously.

   Example: Biting nails, NOT biting nails. To weaken nail-biting behavior, the incompatible behavior (non-nail-biting) should be reinforced.

6. ENVIRONMENT:

Pattern or configuration of all energies, present at any given time, that are capable of entering into lawful relationships with behavior.

Surroundings The events and things around a person which influence behavior.

7. EXTINCTION:

A procedure whereby an accustomed reinforcer is withheld. When a behavior is never reinforced, it will decrease in strength and disappear.

8. FADING:

The process of making a cue, stimulus, or environmental influence less and less visible. Example: Transition from physical assistance to single word prompt.

9. INCOMPATIBLE BEHAVIORS:

Behaviors that cannot be performed at the same time. For example: a child cannot be seated and moving about the room at the same time. Therefore, by inference, one behavior is increased as the other is reduced.

10. MODELING (IMITATION):

Copying another's behavior in anticipation that pleasant consequences will occur.

11. NEGATIVE REINFORCEMENT:

An undesirable or aversive stimulus (negative reinforcer) is removed, serving to strengthen the behavior which removes it.

Example: a person is bothered by pesky flies. He swats a few, lessens the harrassment, and strengthens fly-swatting behavior.

12. NEGATIVE REINFORCER:

Any stimulus perceived by the received as uncomfortable, undesirable or aversive.

13. POSITIVE REINFORCEMENT:

The presentation of a positive reinforcer, following a desirable emitted response, which tends to strengthen that response.

14. POSITIVE REINFORCER:

Any praise, encouragement, object, privilege, equipment, activity, etc, which a child perceives as pleasant or desirable.

15. PREMACK PRINCIPLE:

A behavior may be accelerated when it is followed by a behavior which normally occurs at a high rate. A less preferred activity comes before a more preferred activity.

16. PUNISHMENT:

A penalty inflicted on an offender as a retribution and, incidentally, for reformation and prevention. The procedure of following an undesired behavior by an unpleasant consequence which decreases that behavior's future strength or probability.

17. RESPONSE:

A reaction to a stimulus. The activity or inhibition of previous activity of an organism or any of its parts resulting from stimulation. Any behavior or change in behavior which occurs as a reaction to environmental conditions.

18. SCHEDULE OF REINFORCEMENT:

Refers to the relationship between the number of times a behavior occurs and the number of times it is reinforced.

19. SHAPING (SUCCESSIVE APPROXIMATIONS):

When the desired response to a task does not occur, the parent may sequentially arrange a number of smaller success-insuring tasks which eventually lead to the completion of the original task.

GLOSSARY (Continued)

20. STIMULUS (cue):

Arbitrary environmental unit. Something that occurs in the environment which directly influences activity (behavior).

21. STIMULUS CHANGE:

Manipulation of environmental influences to reduce or enhance the probability of response. Example: If a child will not leave a candy dish alone, remove the candy dish.

22. STIMULUS SATIATION:

Method of presenting a reinforcing stimulus (reinforcer or reward) at such a high rate that it is no longer desirable and may be aversive.

23. STRENGTHEN BEHAVIOR:

Behavior occurs more often. Rate or frequency increases.

24. TIME OUT:

Removing a child from a reinforcing situation.

25. WEAKEN BEHAVIOR:

Behavior occurs less often. Rate or frequency decreases.

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DAY: 2

TIME: 1:00 - 2:30

TITLE: Exercise in Behavior Modification and Task Analysis: Unit I

OBJECTIVE:

1. Given 10 examples, you will be able to identify those that are BIG (COMPLEX) BEHAVIORS and those that are little (simple) ones.

2. Given 10 situations, you will be able to identify the COMPLEX BEHAVIOR in each situation. You will also be able to identify the simple behavior that needs to be taught first.

3. Given 10 groups of behaviors, each group containing one COMPLEX BEHAVIOR and several related simple behaviors, you will be able to link each of the simple behaviors into a chain linking to the COMPLEX BEHAVIOR.

4. Given a problem situation, you will identify the COMPLEX BEHAVIOR, analyze it, and then break it down into its simple behaviors (this is called pinpointing).

5. Given a shoe with a shoelace to tie, you will analyze the COMPLEX BEHAVIOR of tying a bow in the shoelace then pinpointing in writing the simple behaviors involved in tying that bow.

6. From observing your child, you will identify one COMPLEX BEHAVIOR, analyze it, and pinpoint the step-by-step simple behaviors he must be able to do to reach the larger COMPLEX BEHAVIOR.

PROCEDURE:

A person well versed in behavior modification and task analysis should be the leader responsible for presenting this program. All participants shall complete their own copy of the participant's workbook as the program progresses. Areas of confusion should be discussed and clarified as they occur and before moving to the next segment of the program.

MATERIAL:

"A Mediated Training Program For Parents Of Preschool Mentally Retarded Children", Engineered Instructional Products, Box 136, Eugene, Oregon 97601
Workbook
Unit I Tapes
Unit I Slides

EVALUATION:

1. Each Home Advisor will correct any workbook unit errors before going on to the next unit.
2. Complete training critique, p. 172.
3. Discussion

DAY: 2

TIME: 2:30 - 4:00

TITLE: Exercise in Behavior Modification and Task Analysis: Unit II

OBJECTIVE:

1 Given 5 situations, you will be able to identify the cue and and behavior in each situation.

2 Given 10 cues, you will be able to identify the ADULT CUES and CHILDREN'S CUES.

3. Given the 10 simple behaviors in tying a bow in a shoelace you will write a children's cue for each simple behavior.

4 Using the behavior chain you wrote for Unit I (Objective 6), you will write a child's cue for each simple behavior in the chain

5 Using the behavior chain and cues from objective 5, you will practice teaching your child. (As you practice, make whatever changes are necessary to achieve the behavior being taught).

6 From observing your child, you will identify another COMPLEX BEHAVIOR, analyze it, pinpoint the step-by-step simple behaviors he must achieve to reach the larger COMPLEX BEHAVIOR, and then attach a child's cue to each simple behavior.

PROCEDURE: A person well versed in behavior modification and task analysis should be the leader responsible for presenting this program. All participants shall complete their own copy of the participant's workbook as the program progresses. Areas of confusion should be discussed and clarified as they occur and before moving to the next segment of the program.

MATERIAL: "A Mediated Training Program For Parents Of Preschool Mentally Retarded Children" (See Appendix):
Box 136
Eugene, Oregon 97601

Workbook
Unit II Tapes
Unit II Slides

EVALUATION:

1 Each Home Advisor will correct any workbook unit errors before going on to the next unit.
2 Complete training critique, p. 172.
3 Discussion

DAY: 3

TIME: 8:30 - 10:15

TITLE: Exercise in Behavior Modification and Task Analysis: Unit III

OBJECTIVE:

1. Presented with a two-part illustration, you will be able to tell why one part is a better example of child reinforcement than the other.

2. You will be able to list several things that are reinforcing to your child.

3. Given a problem in pairing and fading reinforcement, you will be able to explain how pairing reinforcement can be used in building a behavior.

4. You will be able to identify the two important rules of thumb which should always be followed when applying reinforcement to your child.

5. Given the first simple behavior of the two behavior chains you wrote for your child, you will attach an appropriate schedule of reinforcement to each of the two simple behaviors.

PROCEDURE:

A person well versed in behavior modification and task analysis should be the leader responsible for presenting this program. All participants shall complete their own copy of the participant's workbook as the program progresses. Areas of confusion should be discussed and clarified as they occur and before moving to the next segment of the program.

MATERIAL:

"A Mediated Training Program for Parents of Preschool Mentally Retarded Children"
Engineered Instructional Products
Box 136
Eugene, Oregon 97601

Workbook
Unit III Tapes
Unit III Slides

EVALUATION:

1. Each Home Advisor will correct any workbook unit errors before going on to the next unit.
2. Complete training critique, p. 173.
3. Discussion

DAY: 3

TIME: 10:15 - 12:00

TITLE: Exercise in Behavior Modification and Task Analysis: Unit IV

OBJECTIVE:

1. Given the necessary information, you will be able to graph the frequency of a child's behavior, and you will draw conclusions as to whether or not the graph shows an improvement or a decline in the level of the child's appropriate behavior.

2. Given a situation which describes a decline in the level of a child's performance, you will suggest (a) causes for the decline, and (b) what might be done to correct the situation.

3. Given a current progress record, you will write in the appropriate spaces, the two complex behaviors from page 16 of your workbook, and divide the record keeping area into the appropriate number of spaces to correspond to the number of simple behaviors in your two behavior chains.

4. Given a current progress record, and other record keeping forms, you will record the progress of your own child.

PROCEDURE:

A person well versed in behavior modification and task analysis should be the leader responsible for presenting this program. All participants shall complete their own copy of the participant's workbook as the program progresses. Areas of confusion should be discussed and clarified as they occur and before moving to the next segment of the program.

MATERIAL:

"A Mediated Training Program for Parents of Preschool Mentally Retarded Children"
Engineered Instructional Products
Box 136
Eugene, Oregon 97601

Workbook
Unit IV Tapes
Unit IV Slides

EVALUATION:

1. Each Home Advisor will correct any workbook unit errors before going on to the next unit.
2. Complete training critique, p. 173.
3. Discussion.

DAY: 3

TIME: 1:00 - 2:00

TITLE: Forms used by the Home Advisor

OBJECTIVE:

The Trainees will become familiar with various forms used by the Home Advisors

PROCEDURE:

Each form will be discussed and demonstrated.

MATERIAL: Forms:

Referral
Sibling Achievement
Eligibility
Time Record
Vocabulary Words
Case Load Statistics
Disposition
Inter-Agency Referral

EVALUATION:

1. Complete training critique, p. 173.
2. Discussion

FORM XVIII

THE MARSHALLTOWN PROJECT

A Responsive Home Environment for the stimulation of Pre-school Handicapped and Educationally Deprived children (0-6) through parent and professional involvement and intervention in a rural area.

Marshall-Poweshiek Joint
County Board of Education

507 East Anson Street
Marshalltown, Iowa 50158

Phone: (515) 752-1723

****

REFERRAL FORM

Date: ____________________

SURNAME: ______________________________

CHILD: ____________________ BIRTHDATE: __________ SEX: __________

PROBLEM: ____

____

MOTHER: ____________________ FATHER: ____________________

ADDRESS: ____________________ PHONE: ____________________

SIBLINGS: ______________ ______________ ______________

REFERRING AGENCY/INDIVIDUAL: ______________________________

____

Has the program been discussed with the parents? Have they indicated interest?

____

COMMENTS: ____

____

____

____

____

FORM XXIV

THE MARSHALLTOWN PROJECT

SIBLING ACHIEVEMENT FORM

One of the criteria under which we agree to serve children in our pre-school program, is school failure, or difficulty of the child's older siblings. In order to establish this, we need your assistance in filling out the following form.

Pre-School Child's Name	Parent's Name	Date

SIBLINGS	BIRTHDATES	SEX	GRADE

Have any of the above either repeated a grade, or are they at least one year behind in academic achievement?

Have any received remedial work, speech therapy, or other special help? If so, what?

Are, or were, any placed in special programs for retarded, learning disabled, or emotionally disturbed? If so, give particulars:

Have any, to your knowledge, been instituationalized?

Give particulars:

Additional comments:

Signature

Title

Address

FORM XIII

THE MARSHALLTOWN PROJECT

ELIGIBILITY STAFFING

CHILD'S NAME:______________________________ DATE:____________________

MARSHALLTOWN PROFILE: COMMUNICATION AGE: __________ SCORE: ________

CA:______________ MOTOR AGE: ________________ SCORE: ________

MEAN AGE: ________ SOCIAL AGE: ________________ SCORE: ________

SCORE: ________

STRENGTHS AND WEAKNESSES (COMMENTS)

STAFF	HOME ADVISOR	DIRECTOR	EVALUATOR	TRAINING COORDINATOR	DEPUTY TRAINING COORDINATOR
ELIGIBLE					
INITIALS					

DISPOSITION COMMENTS:

FORM XIII (Continued)

THE MARSHALLTOWN PROJECT

ELIGIBILITY CHECKLIST

	YES	NO
1. Management Problem/s Family Dynamics		
2. Handicaps		
Communication		
Motor		
Social		
3. Sibling Failure History (School)		
4. Deprivation		
5. Contributing Factors (Handicaps)		
Genetic		
Disease		
Unknown Damage		
6. Parent Attitude		
Positive		
Uninformed		
Negative		
7. Referral		
Solicited		
Self-Initiated		
Other Source		
8. Urban		
Rural		
County ____________________		
9. Other Agency Involvement ____________________ ____________________		
10. Medical Release		
11. Developmental History Form Completed		

Form XI

THE MARSHALLTOWN PROJECT

VOCABULARY WORDS

DATE:________________ VOCABULARY PRESENT (AS REPORTED BY PARENT)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
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WORDS ACQUIRED

DATE:____________ WORD

DATE:____________ WORD

DATE:__________ WORD__________

Form XII

THE MARSHALLTOWN PROJECT
PRESCRIPTION TIME RECORD

Time of Day	Week I: Date: ______ DBI ______ Learning Intervals (Hours): ½ 1 1½ 2 2½ 3 Time spent(minutes): Record ck( )								Week II Date: ______ DBI ______ Learning Intervals(Hours) ½ 1 1½ 2 2½ 3 Time Spent(minutes): Record ck ( )							
7:00																
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FORM XXV

CASE LOAD STATISTICS

Home Advisor: ____________________ Date: ____________________

1. Total number of case loads carrying ____________
2. # Home visits made this week
   (1 hr. + spent in home) ____________
3. # House calls made (no home visit) ____________
   Reason: Nobody Home ( )
   Someone Home would not answer ( )
4. # Cancellations ____________
   Home Advisor ( ) Parent ( )
   Reasons: ____________________
5. # Reappointments scheduled ____________
6. # Reappointments successfully concluded
   (1 hr. + spent in home) ____________
7. # RX written this week ____________
8. # Assessments this week ____________
9. # RX written last week ____________
10. # Post lines taken this week ____________
11. # Success this week ____________
12. % Successes ____________
13. % Home visits/ caseload ____________
14. Initial visits (to explain program - no assessment) ____________

Explanation:

11. Based on #10 only.
12. Divide #10 into #11.
13. Divide #1 into #2.

FORM XXXII

THE MARSHALLTOWN PROJECT

DISPOSITION STAFFING

Child's Name: ______________________ Date: ______________________

Referred by: ______________________

Program Entrance Date: ______________________ Birth Date: ______________________

Entrance Scores: Present Scores:

C. A.: ______________ C. A.: ______________

M.B.D.P. Comm. Age: ______________ M.B.D.P. Comm. Age: ______________

M.B.D.P. Motor Age: ______________ M.B.D.P. Motor Age: ______________

M.B.D.P. Social Age: ______________ M.B.D.P. Social Age: ______________

Comments (Include any special considerations made at time of entrance in program): ______________________

Supportive or Referral Agency Comments:

Options: (1) Home visits continued on a weekly basis.
(2) Home visits every other week.
(3) Home visits once a month.
(4) Home visits on call.
(5) Discontinuation of program.

Disposition Comments:

Home Advisor	Director	Evaluator	Training Coordinator	Referring Agent

FORM VII

THE MARSHALLTOWN PROJECT

INTERAGENCY REFERRAL

TO: ____

____

DATE: ____

CHILD'S NAME: ____________________ BIRTHDATE: ____________ SEX: _____

PARENT'S NAME: ____

ADDRESS: ____

This child has been enrolled in the Home Preschool Program since ________________________________. We recommend enrollment in your program. An application form has been left in the home. If you do not receive the application or if you have any questions, please call us.

Sincerely,

____
Home Advisor

____
Coordinator

Comments:

The Marshalltown Project
Home Preschool
Phone: 752-1723

507 East Anson Street
Marshalltown, Iowa 50158

DAY: 3

TIME: 2:00 - 2:30

TITLE: Home Visits - Do's and Don'ts

OBJECTIVE: The purpose of this lesson is to capitalize on the experience of the established Home Advisors who have learned the Do's and Don'ts of making a successful home visit. Subject areas will include:

Pre-planning, establishing rapport with the parents, working with the parents as a team, parental reaction to prescriptions and the Home Advisors, empathy vs. sympathy, snap judgments, etc.

PROCEDURE: The presentation should be delivered in such a manner as to promote discussion among the new Home Advisors concerning the Do's and Don'ts of making a home visit.

MATERIAL: The enclosed presentation.

EVALUATION:

1. Complete training critique, p. 174.
2. Discussion

DO'S AND DON'TS FOR THE HOME ADVISOR

When leaving the office, one should be certain that the lesson has been completely planned and organized. Materials should be arranged as to minimize the searching and hunting for a given material when working with the child, thus enabling a smooth transition from one activity to another. It is a good idea to bring extra toys, games, and other learning activities for the child's siblings in order to minimize their distracting influence on your planned lesson. Also, by bringing various learning activities, one minimizes the chance of developing a habit in which only one type of an activity is used with a child.

When entering the home, pinpoint some positive quality of the parent, such as completing a graph, working consistently with the child, or having a clean house, and build on it in order to enhance the rapport between yourself and the parent. Make the parents feel that they are capable, responsible people, as many of them may be in dire need of positive reinforcement to bolster their self-concept, etc.

When working with parents, treat them as equals, but let them know you have a job to do. Also, expect parents to have both good and bad days, as the child and yourself will also undoubtedly experience. One should always be sensitive to the parent's efforts at innovation as parents also learn by doing. Make an attempt to ensure that the parent understands that he or she is the child's teacher, and try within a realistic framework to make working with the child a challenge, rather than a chore for the parent. DO ensure that the parents realize you must work together to achieve success.

When working with parents, don't make assumptions regarding the parent's ability to read or to interpret prescriptions and other related material.

Be aware of their level of understanding, but do so in a gentle manner that does not "threaten" them. Likewise, do not assume that a parent will automatically generalize a principle from one example, as this may take a long time.

Don't use technical terms, be they educational, psychological, or medical in nature, unless they are fully explained in easy-to-understand language. One should also desist from patronizing the parents or attempting to place middle class values on the parents.

One should not expect each parent to react in the same way to a given problem. Don't expect the parents to work without some kind of reinforcement as often their child's success is not enough. Don't talk down to the parent or child. It should be remembered that the more one becomes emotionally involved with the family, the less objective they become and, consequently, their effectiveness diminishes. One should also be careful not to bring such sophisticated toys that the parents have difficulty understanding how to manipulate them.

In working with your child, remember that the child is a product of his total environment and that you should understand his skills, behaviors, etc., in view of the effect of his interaction with his entire environment.

One should not expect to alter family dynamics (if you feel this is a priority) "at once" ... they took a long time to develop. One should also attempt to maintain a "middle of the road" policy with regard to involvement with the family. Be careful not to let the child's rapport with you go to your head, as he must grow beyond you.

Don't blame failure on the child, if criterion is not obtained, as this is something that should be discussed with the parents. When writing prescriptions, be prepared to explain the value and relativity of the prescription. Break the task down enough so that the child will meet criterion by the end of the week and be very exacting in what you want the parent to measure. One should also continually stress the importance of positive reinforcement and the terms used in the prescription should be clear to the parents as to their meanings. When at all possible, work with materials found within the home. One should also attempt to talk with the parents and explain the prescription as it is being written.

The Home Advisor should also make an effort to maintain perspective as today's failures may often be tomorrow's successes.

Don't hesitate to say that you have made an error or a misjudgment as you are only human, and the parents will undoubtedly respect you. Be careful not to make snap judgments as initial impressions are not always valid.

And, finally, do not leave the office without lots of SMILES.

DAY: 3

TIME: 2:30 - 3:30

TITLE: Home Visits - Problem Solving

OBJECTIVE: The experiences gained by established Home Advisors will be utilized in training the new Advisors. In this lesson problem areas frequently encountered by Home Advisors will be discussed. Suggestions will be given for the solution of the problems. Discussion areas will include:

Establishing rapport with parent and child.
Parental motivation.
Sibling interference.
The art of communication.
Value conflicts between parent and Home Advisor.

PROCEDURE: The Instructor should utilize experienced Home Advisors in the presentation of this lesson and discussion should be encouraged throughout the lesson. The new Home Advisors should be reinforced for exhibiting independent thought in reaching possible solutions to the various problems. The trainees should be encouraged to evaluate their own proposed solutions as to strengths and weaknesses.

MATERIAL: Accompanying presentation.

EVALUATION:
1. Complete training critique, p. 174.
2. Discussion.

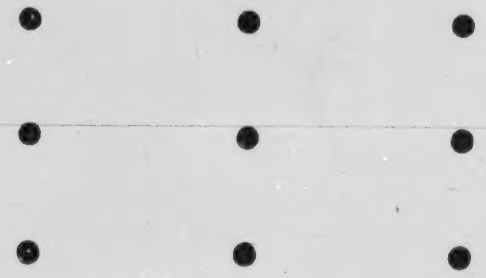
HOME VISITS: PROBLEM SOLVING

During the presentation of this lesson, it is very important that the value of creative thinking be stressed in seeking solutions to the kinds of problems experienced by Home Advisors. Trainees should be advised to guard against the use of "cookbook" solutions to all problems. They must be very careful not to allow themselves to establish mental sets towards an "only" method of problem solving. As a chess player mentally contemplates possible moves and alternative solutions the Home Advisor must devise alternative approaches for dealing with problems before they occur.

TO THE INSTRUCTOR:

The following exercise graphically illustrates how possible solutions to problems based on previous experiences often restrict a person's problem solving ability. The instructor should pass out sheets of paper with the design shown in Figure A printed on them:

FIGURE A



Ask the trainees to connect all the dots using a maximum of four straight lines. Most trainees will usually attempt to connect the dots by staying within the periphery of the design. At the end of two or three minutes, the instructor should suggest that their failure may be because their problem solving attempts are restricted to previously successful attempts at solving similar problems. After another minute or two, show the new Home Advisors how to solve the problem and stress the limiting effects of attempting to solve a problem on the basis of pre-conceived mental sets.

The following statements are suggestions one might consider in dealing with the problems experienced by Home Advisors:

I. Establishing rapport with parents

    A. From the onset the Home Advisor should claim no magic or exclusive possession of techniques to successfully deal with all problems and questions that will arise during the implementation of the program.

    B. When the parent and Home Advisors experience difficulties in agreeing on the ordering of the priorities to be considered in working with the child, and the ways to meet these priorities, they should always retain the feeling that their common goal is the enhancement of the functioning level of the child. This minimizes the tendency of the parent and Home Advisor to resort to their own personal values, goals, and aspirations.

    C. The Home Advisor should frequently consult with the parent concerning ways to work with the child. One must not relegate themselves to the position of just asking with the intention of telling, but, asking with the intention of listening.

    D. The attitude exhibited by the Advisor during periods of frustration as well as success can help to establish a response set on the part of the parents when the parent is confronted with similar situations, outside the presence of the Home Advisor.

    E. The Home Advisor should always be willing to explain why a particular activity is suggested.

II. Parental motivation

A. Always strive toward establishing a child's performance as the primary parental motivation factor. When working with the child in the home, the Advisors should notice behaviors that are positive and should make verbal recognition of this for the benefit of the parents. If the Home Advisor evidences obvious pride in the changes made by the child, his pride will eventually be incorporated and later exhibited by the parents

B. Often parents become discouraged and lose motivation because they are looking for quick, easy mastery of a complex skill by their child. The parents should be made aware of the hierarchy of simple skills that must be mastered in order for a complex behavior to be exhibited. If the Home Advisor reinforces the child's mastery of a simple skill, the parents may become more aware of the minor positive changes in the child's behavior toward a given goal and, consequently, appreciate the smaller changes, thus maintaining their motivation throughout the time needed for the child to master the complex skill.

III. Communication with the parents about the program

A. The program must be explained to the parents in a tactful manner to include eligibility, qualification, goals, etc.. This must be made meaningful to the parents if they are to become interested enough in the program to be willing to put forth the effort necessary to make it a success.

IV. Sibling interference

A. Expect and plan for the initial curiosity that will be exhibited toward you by all members of the family. When you first enter the home you and your "bag of tricks" will be quite a novelty.

B. Include the siblings in your prescription from time to time. They can be used to increase positive group interaction which is rewarding for "your" child.

C. Establish rules from the onset concerning sibling interference. If it is possible to entice the siblings to play in another room or in an area other than in which you are working, make sure they understand that if they are allowed to watch, they cannot interfere with your activities.

D. Expect the siblings to exhibit the appropriate behavior.

E. Provide activities for the siblings while you are working with "your" child. These activities should be selected to maximize the possibility of the siblings playing outside the home or in a room other than the one in which you are working.

V. Value conflicts between parents and Home Advisor

A. When finding yourself in conflict with the parents as to the immediate goals for their child, be sure to ask yourself if the goals are actually that diverse and if the parents "had their way," would it actually distress or adversely affect "your" child or just you.

B. Try to remain objective at all times and retain a clear notion of why you are in the home.

VI. Reordering of imperatives as conceived by parents with problems and the Home Advisor with a job to do

A. Don't expect "the world to stop" when you walk in the door.

B. Have some faith, that through contact with the family, overall family dynamics may become more child education oriented rather than adult problem oriented.

DAY: 3

TIME: 3:30 - 4:30

TITLE: The Responsive Environment

OBJECTIVE: To introduce the philosophy of a responsive approach to child rearing. The distinction should be made between a permissive environment and a responsive environment. To become familiar with the Parent/Child Manual.

PROCEDURE: This presentation should be conducted in such a way as to encourage and stimulate discussion. Volunteers will be asked to take turns reading and to lead discussion.

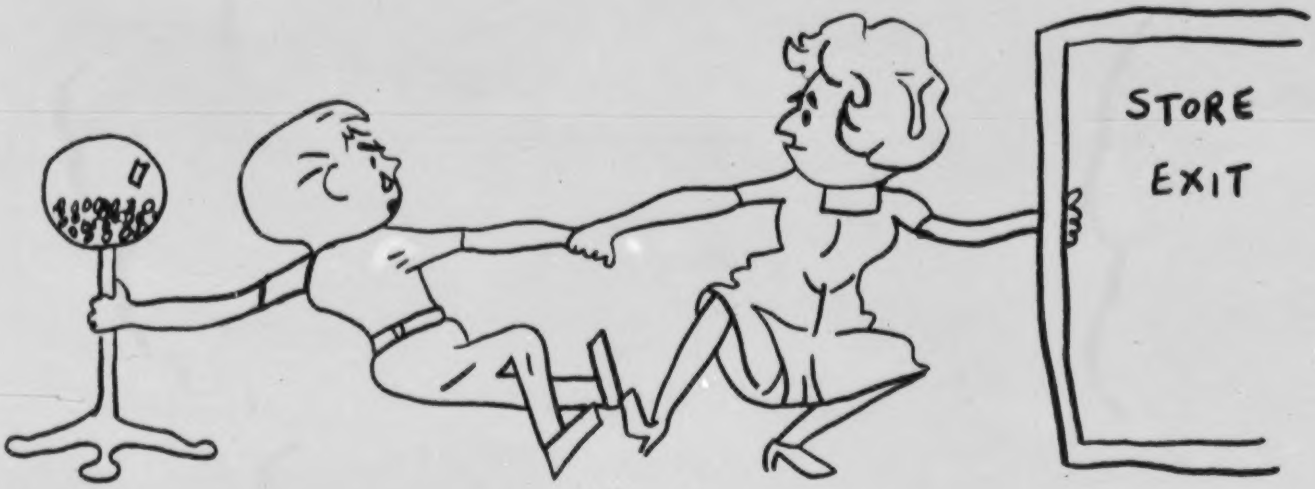
MATERIAL: Accompanying presentation
Parent/Child manual
Parent/Child professional guide

EVALUATION: 1 Complete training critique, p. 174.

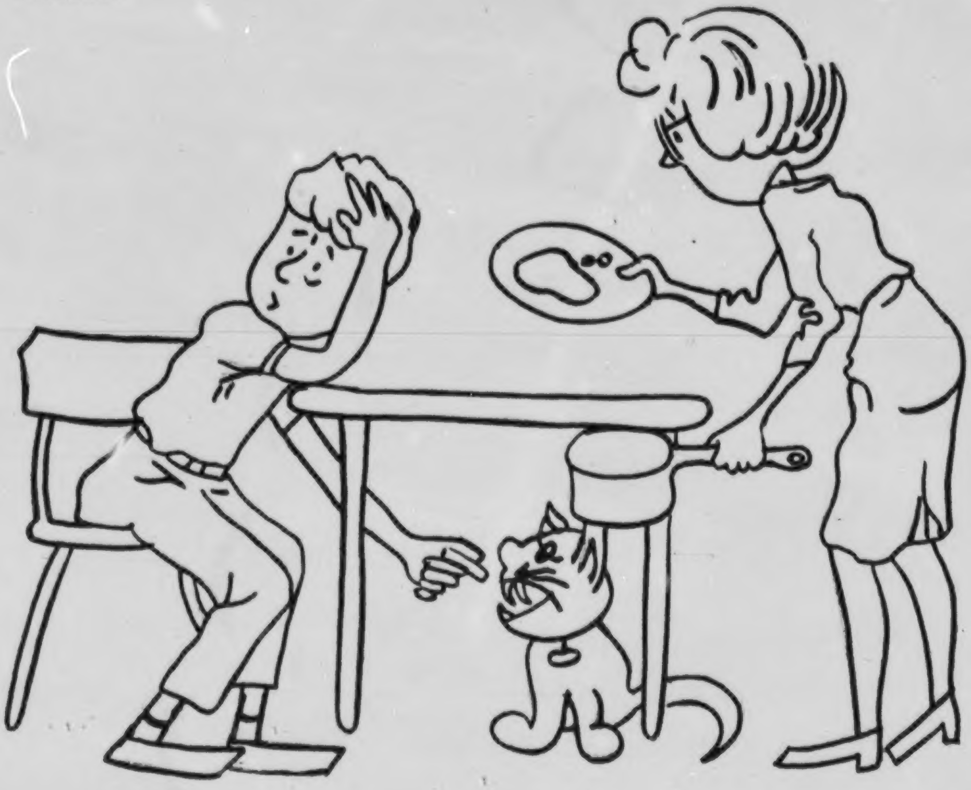
2 Discussion

THE RESPONSIVE ENVIRONMENT

In a responsive environment, adults respond with quality time, i.e., deliberately and with concern for optimal emotional growth, towards a child rather than demanding (impulsively or arbitrarily) that the child always respond to the adult. Many "temptations" or stimuli which elicit "inappropriate" behaviors can thus be anticipated and circumvented. This concerned structuring of the environment will promote family harmony and, since less time is given over to conflict, promote positive self-concepts in children.

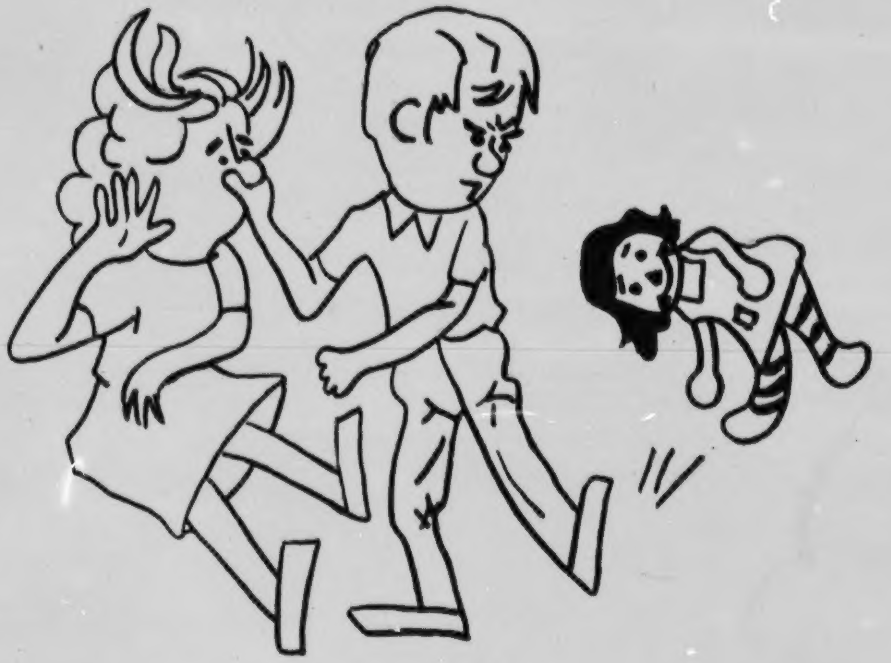


All children need to develop a positive self-image. Society, as impersonally as the ascription sounds, will usually prevail against the too strong self-image. A leveling process begins with the first group experience. However, if begun too early and too expertly the child may not be left with enough positive feelings to continue growing in confidence and competence Therefore, the parent inherits a weighty responsibility ---- "How do I bequeath to my child a deep, abiding feeling of worth? Do I, for example, fend for him? Protect her? Should I make most of their decisions or should I structure independent decision making experiences with carefully explained limits? Will this structuring, then, help my child to feel strength and satisfaction because he has experienced independent decision making, striving and success?"



A child learns about himself and his environment by testing limits When limits are specifiable, and comprehensible, relationships such as child-peer, child-adult, child-society, etc , are brought into perspective When a child knows how he is perceived, in a comparative sense, he is then able to define himself -------

to build a self-concept. If the environmental feedback is distorted in any way, the odds are his self-image will reflect this same distortion. If there is little feedback, few if any restrictions are provided, what occurs .... to the child's disadvantage? He is always seeking limits, feedback, and a self-image. Behavior often becomes acting out behavior to attract attention.



Children should not always be compelled to get the right answer. A child may learn more from the process than from merely completing something. This creative thinking should be encouraged rather than discouraged by an adult who feels there is only one RIGHT way to do things.

Each child strives to do, to make to work, to learn to please, to try - when the challenges of activities and experiences involve him as an individual. Life captures his interest and offers him an outlet in which he can develop his mind, body and emotions. Each child needs to take part in life activity so that he may learn what he can do. Try to instill in your child, "I am only one. While I cannot do everything, I can do something and what I can do, I can do well."

The chance to learn in a responsive environment is a great stimulus to intellectual development, but it is also a reinforcer of the individual's self-confidence. Freedom to explore and to make discoveries at his own pace and in his own way is a definite support to the child's self-image. Competition is no threat to his pride. The child is not compared with those who speak better or build better. Individuality is encouraged. If a child wishes to work cooperatively with others, fine. If he chooses to work or play alone, he may. He is free to do those things he can do, and do them as long as he likes. Sometimes a child may prefer to just "do nothing."

The responsive environment provides for as much success as possible. A child learns things on his own and enjoys success when he masters a puzzle, recognizes a pattern, grasps a concept or discovers a letter or a numeral or later a word.

The child should not be deprived of his sense of mastery or feeling of "I did it myself" by an over-eager adult who wants to help.

On the other hand, with so much freedom to pick and choose activities, a child will undoubtedly choose things that are too difficult from time to time. In this instance, it is up to the adult, who must of necessity, be a skilled observer and recognize frustration - and a potential failure-situation. The adult, in this case, must step in and suggest the child try something else that he can master

Another way in which the responsive environment encourages the development of positive self-image is through the use of positive, rather than negative, statements in working with the child. When a child makes a mistake, in playing the games, for instance, rather than approaching it with the "NO, that's not right" - "I'll show you how", kind of phrasing .... you might merely explain to the child what he has done and then ask him to try again.

When a child is learning to express himself verbally, rather than correcting him with "NO, you said it wrong" - try it this way. Merely say it in the correct way yourself. The child will quickly learn the difference between the two and pick up the correct expression himself.

With these positive kinds of approaches, you are not causing the child to feel that he is not good because he is wrong - a blow to the child's self-image.

The way a person perceives himself influences the way he will behave. Children with perfectly adequate intellectual ability who perceive themselves as poor students, often do poorly in school

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Abramson, Paul, Schools for Early Childhood, Educational Facilities, New York, 1970

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Carlson, Verna Jean, Asking Questions In A Responsive Environment, Far West Laboratory, Berkely, California

Iowa State Department of Public Instruction, Mary Ann Smith, ed., A First Step in Education ... Nursery School, State of Iowa, Des Moines, Iowa

Nimnicht, Glen, Oralie McAfie, Meier, John, The New Nursery School, General Learning Corporation, New York, 1968

Nimnicht, Glen, Oralie McAfie, Meier, John, The New Nursery School, General Learning Corporation, New York, 1969.

Tuck, Betty H., A Description of the Responsive Program Used By The Teacher Training Model For Education Beginning At Age Three, Far West Laboratory, Berkeley, California, 1970.

DAY: 4

TIME: 8:30 - 9:15

TITLE: Slide/Tape: Parent/Child Home Stimulation Classes

OBJECTIVE: To familiarize new Home Advisors with the parent awareness component of "The Marshalltown Project".

PROCEDURE: Show slide/tape presentation of the Parent/Child Home Stimulation Classes. Read over narrative and discuss relationship between parent awareness and home intervention.

MATERIAL:

- Slides
- Master Tape
- Two Kodak Carousel Projectors
- One Screen
- Audio-Mate 600 Cassette Recorder
- Narrative

EVALUATION:

1. Complete training critique, p. 175.
2. Discussion

PARENT/CHILD HOME STIMULATION CLASSES

OVERVIEW

The Marshalltown Project has a unique parent component which integrates parents of handicapped and non-handicapped children in a discussion group setting.

The Parent/Child Home Stimulation Classes meet for two hours weekly. Classes are conducted as informal discussion groups where parents share child-rearing problems with other concerned parents. Theories of child development are also explored within the group and with the Marshall-Poweshiek Special Education Staff including psychologists, speech and hearing clinicians, special education teachers, a curriculum consultant, educational strategist, learning disabilities specialist, and home advisors.

The rationale for opening enrollment to all parents of pre-school children after two and one-half years of working with parents of handicapped children was two fold:

1. There are many commonalities in developmental processes of all children whether handicapped or not.

2. Parents of handicapped and educationally deprived children as well as parents of non-handicapped children need the social contact of meeting other parents in the discussion group setting to share and discuss problems related to their children. Instead of getting bogged down with their problems and doing nothing, these parents learn to see alternatives through group interaction and role playing.

The program itself is divided into three sections.

1. Classroom Participation

   Parents meet in area churches and schools to discuss readiness activities that will enable the child to have a variety of experiences before entering a school environment. Techniques and tools of behavior change are also presented. Case histories are discussed and resolutions sought. Weekly topics include: the responsive environment, toys as learning tools, creativity, self-concept, discipline, behavior modification, language development, and sensory-motor development in pre-school children.

2. Parent Child Home Toy Sessions

   Various toys are checked out of the Marshalltown Toy Lending Library and assigned to parents for home use. Practice sessions are held to help parents simplify the learning skills or to advance them as determined by the child's level of readiness.

   Primary emphasis is placed on the one to one adult/child relationship which develops through the atmosphere of play.

   The games which promote colors, numbers, shapes, sounds, spatial and time relationships include: sound cans, color lotto, numberite puzzle, feely bag, shape-o-ball, flannel board and shapes, color blocks, pegs and peg boards, wooden table blocks, stacking toy, spinner board game.

3. Preschool Playroom

Parents appreciate the free playroom. While they are attending the sessions; their children enjoy games, books, story hour, and a chance to play with other children.

After completing the course, many mothers volunteer to supervise children in the playroom, and put into practice many of the techniques they have learned from the program.

At the completion of the Parent/Child classes, parents have access to the Toy Lending Library in Marshalltown which houses over 3,000 items for the preschool and early elementary child.

Over 1,000 parents have responded to the Home Stimulation classes in the last 4½ years. The project, now in its 5th year, is supported by county tax money with five counties in central Iowa participating on a voluntary basis.

Results of this parent component can be observed in three areas:

1. A Referral Network - Special services available to parents in Area 6 including information and procedures on the "Marshalltown Project" are emphasized throughout the 12 week Home Stimulation Course. Parents are encouraged to make referrals or pass on information about special services to other parents in the area who need them.

As the referral network grows in terms of number of parents who are exposed to principles and norms of child development, many handicapped and educationally deprived children are identified and referred to "The Marshalltown Project" for assessment of skills. Without the parent component many of these children would not be identified until school age.

2. Social interaction of parents of handicapped and non-handicapped children.

   The classes provide an awareness of mutually shared problems of handicapped and non-handicapped children. This awareness often changes parent perspectives and consequently affects their relationship with their own children.

   Parents of handicapped and non-handicapped children develop a sense of understanding and build a positive attitude toward the inherent potential of the handicapped child.

   Without the Parent component many parents of handicapped children would not have this opportunity to form friendships which continue past the completion of the Parent/Child course.

3. Social interaction of handicapped and non-handicapped children in the preschool playroom.

The playroom provides an opportunity for social interaction of the preschool child in a predominately rural area of Iowa. As a result many preschool children experience independent activities away from the parent which improves the self concept of both the handicapped and the non-handicapped child as they relate to each other.

Without the parent component many of these children would not experience any social interaction outside the immediate family until school age.

Montgomery, Janey. Project to Project, Cycles, January 1974, 7-10.

DAY: 4

TIME: 9:15 - 10:15

TITLE: Language Development: The pre-school years.

OBJECTIVE: The purpose of this session is to provide background and reference information in the area of language development. The information provided is designed to clarify how normal children learn to talk and to explain how parents and Home Advisors aid the development of their child's speech and language.

PROCEDURE: Introduce the various materials which include: pamphlets, cartoon booklet, parent manual, slides and film. Explain that we will be seeing the film and discussing the manuals but the slides and other material will not be used at this time, and if they feel a need for additional exploration in this area, it can be done during on the job in-service. Introduce and show film, "Teach a Child to Talk". Encourage discussion and questions. (See pages 16-19 of Workshop Manual). Call attention to the fact that the Parent handbook is on their required reading list.

MATERIALS: "Teach Your Child to Talk Workshop Program"
CEBCO/Standard Publishing Company
104 Fifth Avenue
New York, New York 10011
Parent Handbook
Cartoon Booklet
Workshop Manual
Slides
Film
Behaviors parents should reinforce in their children.
Behaviors Home Advisors should reinforce in the parents.
Vocabulary Chart
Developmental Sound Acquisition
Average length of sentence response...words/sentence.

EVALUATION:
1. Complete training critique, p. 175.
2. Discussion.

BEHAVIORS PARENTS SHOULD REINFORCE IN THEIR CHILDREN

SPEECH AND LANGUAGE:

1. Turning toward the source of sound.
2. Attempting to listen to the human voice.
3. Vocalizing throaty sounds.
4. Watching the speaker's face.
5. Early responses to his own name.
6. Expressing pleasure.
7. Using various facial expressions.
8. Syllable repetition.
9. Using sound to get attention.
10. Smiling.
11. Paying attention to vocal stimulations of others.
12. Using a variety of sounds in vocal play.
13. Appropriate recognition of various words (no, daddy, bye-bye).
14. Vocalizing and smiling at his own image in the mirror.
15. Appropriate recognition of named family members.
16. Using gestures.
17. Responding to his own name.
18. Recognizing names of common objects.
19. Using syllable combinations.
20. Lalling and tongue movements.
21. Responding appropriately to simple verbal requests.
22. Exhibiting an interest in looking at pictures
23. Imitating the vocalizations of others.
24. Giving toys to parent upon request.

25. Following simple commands.
26. Participation in speech/gesture games.
27. Bodily (rhythmic) responses to music.
28. Use of first meaningful words.
29. Vocalizing with songs or rhymes.
30. Vocalizing and pointing simultaneously to obtain desired objects.
31. Attempting to sing.
32. Correct recognition of body parts.
33. Correct comprehension of directions.
34. Correct identification of objects from a group.
35. Attempts to add to his vocabulary.
36. Attempts at pronoun identification.
37. Attempts to combine words.
38. Practicing consonant production and word pronunciations.
39. References to himself using his name.
40. Seeking of answers and explanations.

Roecker, Vicky, 1973.

BEHAVIORS THE HOME ADVISORS SHOULD REINFORCE IN THE PARENTS

1. Vocalizations and expressions of pleasure during feeding, diapering, etc.
2. Smile during all activities with the child.
3. Providing a variety of sounds and noises for auditory stimulation.
4. Providing him with movements to watch to develop vision.
5. Giving the baby things to watch, smell, taste and touch.
6. Providing mobiles or objects with patterns and color in the crib.
7. Changing things in the environment to provide interest in the immediate environment.
8. Showing approval (appropriate)
9. Much use of language, gesture, facial expressions.
10. Parallel talking.
11. Self-talking.
12. Speaking slowly and clearly.
13. Touching and cuddling the child.
14. Encouraging the child to imitate.
15. Introducing the child to new toys and objects.
16. Removing harmful objects and household goods so the child can explore freely.
17. Playing with the child.
18. Reading to the child.
19. Praising behaviors ....not personalities.
20. Including the child in conversations.
21. Exchanging ideas with the child.
22. Suggesting new words to the child for thoughts and feelings he wishes to suggest.
23. Allowing the child to explore his environment.

Roecker, Vicky 1973.

VOCABULARY CHART

RECEPTIVE

Four Years	5600 words
Five Years	9600 words
Six Years	14700 words
Eight Years	30000 words
Ten Years	36000 words

EXPRESSIVE

One Year	3 words
One and a Half	20 words
Two Years	270 words
Three Years	890 words
Four Years	1550 words
Five Years	2000 words
Six Years	2500 words
Eight Years	3600 words
Ten Years	5400 words
Twelve Years	7200 words

Boone, Dr. Daniel, Unpublished lecture notes, Seminar in Communication Disorders, University of Denver, Denver, Colorado, 1971.

DEVELOPMENTAL SOUND ACQUISITION

Age	Sounds
3.5 Years	m, p, b, w, h
4.5 Years	n, t, d, ng, k, g, j
5.5 Years	f, v
6.5 Years	sh, zh, l, th
8.0 Years	s, z, wh, ch, dz

AVERAGE LENGTH OF SENTENCE RESPONSE....WORDS/SENTENCES

Age	Words/Sentence
1.5 Years	1.2
2.0 Years	1.8
2.5 Years	3.5
3.0 Years	4.1
4.0 Years	5.4
5.0 Years	5.7
6.0 Years	6.6
7.0 Years	7.3
8.0 Years	7.6

DAY: 4

TIME: 10:15 - 11:30

TITLE: Films: Behavior Modification

OBJECTIVE: This session is designed to introduce the trainees to the concepts of behavior modification: positive reinforcement, negative reinforcement, extinction, schedules of reinforcement, punishment, and child management systems.

PROCEDURE: The films will be shown in the following order:

REWARD PROCEDURES FOR BEHAVIOR MANAGEMENT

REINFORCEMENT THEORY FOR TEACHERS

WHO DID WHAT TO WHOM?

MATERIAL: One projector and screen, and the following films: (See Appendix)

CNIR 07343	REWARD PROCEDURES FOR BEHAVIOR MANAGEMENT Informatics - 20 min. - bw - '71.
CNIR 07217	REINFORCEMENT THEORY FOR TEACHERS Special Purpose Films - 28 min. - bw - '69.
CNIR 07266	WHO DID WHAT TO WHOM Mager Associates - 17 min. - color - '72.

EVALUATION:

1. Complete training critique, p. 175.
2. Discussion

DAY: 4

TIME: 11:30 - 12:00

TITLE: Individual schedules for practice assessments and prescriptive teaching.

OBJECTIVE: To structure two assessment experiences and one prescriptive teaching experience for each trainee.

PROCEDURE: The instructor will have a list of children whose parents have given permission for assessment. The trainees will be given the name of one child, pertinent information and assigned to an assessment site. The trainees will also be given the name and phone number of a second child. They will be asked, as soon as they finish their practice assessment, to contact the second family and schedule a morning practice assessment (anytime between 8:30 and 11:30) and an afternoon prescriptive teaching episode (1:00 - 3:00) for the following day.

MATERIAL: Test kit or materials collected from review of Test Kit Checklist.
Schedule Information Form about child, ie: first name, birthdate, phone number, etc.
Marshalltown Behavioral Developmental Profile Score Sheet.

EVALUATION: Initiate and complete assessment and prescriptive teaching schedule sheet.

ASSESSMENT AND PRESCRIPTIVE TEACHING
SCHEDULE INFORMATION

PRACTICE ASSESSMENT I

Date: ____________ Time: ___________ Child's Name ________________________

Birthdate: ________________ C.A. ______________ Phone No. _________________

Address: _______________________ Parent/s Name: ______________________

Comments: ____

____

____

PRACTICE ASSESSMENT II

Date: ______________ Time: ___________ Child's Name _______________________

Birthdate: ________________ C.A. ______________ Phone No. ________________

Address: _______________________ Parent/s Name: ______________________

Comments: ____

____

____

PRESCRIPTIVE TEACHING

Date: ______________ Time: ___________ Child's Name _______________________

Birthdate: ________________ C. A. ______________ Phone No. ________________

Address: _______________________ Parent/s Name: ______________________

Comments: ____

____

____

DAY: 4

TIME: 1:00 - 3:30

TITLE: Practice Assessment I

OBJECTIVE: To provide, as realistically as possible, experiences designed to enhance the assessment skills of the trainee.

PROCEDURE: The trainee will be expected to:

1. Record pre- and post-test observations of the child's behavior.
2. Make an assessment of the child's skill level/s utilizing the Marshalltown Behavioral Developmental Profile.
3. Score the assessment data.
4. Write a prescription based on the greatest indicated need.

If the test environment so lends itself, the training coordinator and/or assistants, will either observe or video tape the trainee for later critique. The trainee should be made aware that he or she will be evaluated against form #8 and have an opportunity to review the evaluation form prior to the taping session.

MATERIAL: Collected previously during the 11:30 - 12:00 scheduling session.

EVALUATION:

1. 100% accuracy in scoring the assessment data.
2. Write a prescription for the first item missed in the category with the lowest age-equivalency score.
3. Complete training critique, p. 176.
4. Discussion.

DAY: 4

TIME: 3:30 - 4:00

TITLE: Review Assessment I

OBJECTIVE: To guide trainees in identifying perceived assessment problems, either procedural or affective, and to design at least one alternative solution per problem.

PROCEDURE: The instructor will ask each trainee to make a list of problems encountered during the assessment period. The items are to be listed under two headings: "Procedure - Feeling".

At least one alternative will be written for each problem. The lists will then be handed to the training coordinator. The training coordinator will read random "problems" and ask for group effort in exploring alternatives.

MATERIAL: "Problem/Alternative" List (See Appendix)

EVALUATION: One list of problems, with accompanying alternatives, from each trainee.

PROBLEM/ALTERNATIVE LIST

PROCEDURE	FEELING

DAY: 5

TIME: 8:30 - 11:00

TITLE : Practice assessment II

OBJECTIVE: To further refine the assessment skills of the trainee.

PROCEDURE: The new Home Advisor will:

1. Keep an anecdotal record of child's behavior.
2. Assess the child.
3. Score data
4. Write a prescription.

MATERIAL: On hand

EVALUATION:

1. 100% accuracy in scoring the assessment data.
2. Write a prescription for any item missed in a category with the lowest age-equivalency score.
3. Complete Training Critique, p. 176.
4. Discussion

DAY: 5

TIME: 11:00 - 12:00

TITLE: Review assessment II

OBJECTIVE: The new Home Advisors will identify problem/s encountered in their second assessment experience and write two alternatives per problem.

PROCEDURE: Follow same format used in review assessment one.

MATERIAL: "Problem/Alternative" list

EVALUATION: List of problems with accompanying alternatives, from each new Home Advisor.

PROBLEM/ALTERNATIVE LIST

PROCEDURE	FEELING

DAY: 5

TIME: 1:00 - 3:00

TITLE: Practice prescriptive teaching

OBJECTIVE: To provide, as realistically as possible, experiences designed to enhance the prescriptive teaching skills of each new Home Advisor.

PROCEDURE: The new Home Advisor will systematically "teach" the child a new skill. That is, the prescription will be followed as written, and repeated, until the child has met criterion.

MATERIAL:
Prescription written during preceding lesson
Relevant stimuli
Reinforcers
Video tape equipment

EVALUATION:
1. The child will reach criterion, as defined on the prescription, within this two hour period.
2. Complete training critique, p. 176.
3. Discussion.

DAY: 5

TIME: 3:00 - 4:00

TITLE: Review prescriptive teaching

OBJECTIVE: The trainee and staff observer will discuss the prescriptive teaching experience in terms of specific strengths and weaknesses

PROCEDURE: The staff observer will ask about trainee feelings regarding the teaching experience.

The staff member's observations of the teaching episode will be discussed. If criterion was not met, the trainee will be assisted in developing an alternative prescription.

MATERIAL: Trainee prescription
Staff observer notes

EVALUATION: If indicated, an alternative prescription will be developed.

DAY: 5

TIME: 4:00 - 4:30

TITLE: Evaluation of week's activities.

OBJECTIVE: The new Home Advisors will critique specified segments of the training program.

PROCEDURE: The segments will be identified by day, time and title descriptions, e.g., Day 1, 8:45, Overview Training Program.

Each segment should be rated: 1 (weak), 2 (average) or 3 (strong) against the following: quality of presentation, appropriateness to training program, usefulness to you personally.

Comments and honest, constructive criticism should be encouraged.

MATERIAL: Training critique packet.

EVALUATION: Completion of training critique, p. 170-176.

"THE MARSHALLTOWN PROJECT"

NAME: ______________________________ DATE: ________________

TRAINING CRITIQUE

PLEASE RESPOND TO EACH OF THE FOLLOWING SEGMENTS OF THE TRAINING PROGRAM

DAY 1 TIME 8:45

TITLE: Slide/Tape "The Marshalltown Project"

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program;	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) Etc.

DAY 1 TIME 9:15

TITLE: Standardized Assessment Procedures

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

DAY 1 TIME 9:45

TITLE: Marshalltown Behavioral Developmental Profile

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How coult it have been improved?) (Could it have come at a better time?) etc.

"THE MARSHALLTOWN PROJECT"

NAME: ______________________________ DATE: ____________________

TRAINING CRITIQUE

PLEASE RESPOND TO EACH OF THE FOLLOWING SEGMENTS OF THE TRAINING PROGRAM

DAY 1 TIME 11:30

TITLE: Marshalltown Profile Test Kit

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

DAY 1 TIME 1:15

TITLE: How to write Behavioral Prescriptions: Practice Writing and Graphing

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

DAY 1 TIME 3:15

TITLE: Alpern-Boll Developmental Profile

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

"THE MARSHALLTOWN PROJECT"

NAME. ______________________ DATE: ______________

TRAINING CRITIQUE

PLEASE RESPOND TO EACH OF THE FOLLOWING SEGMENTS OF THE TRAINING PROGRAM

DAY 2 TIME 8 30

TITLE: Behavior Modification

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

DAY 2 TIME 1.00

TITLE: Exercise in Behavior Modification & Task Analysis: Unit I

	WEAK	AVERAGE	STRONG
	(Circle Appropriate one)		
Quality of presentation.	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

DAY 2 TIME 2.30

TITLE: Exercise in Behavior Modification & Task Analysis: Unit II

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation.	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

"THE MARSHALLTOWN PROJECT"

NAME ______________________ DATE: ______________________

TRAINING CRITIQUE

PLEASE RESPOND TO EACH OF THE FOLLOWING SEGMENTS OF THE TRAINING PROGRAM

DAY 3 TIME 8:30

TITLE: Exercise in Behavior Modification & Task Analysis: Unit III

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

DAY 3 TIME 10:15

TITLE: Exercise in Behavior Modification & Task Analysis: Unit IV

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

DAY 3 TIME 1:00

TITLE: Forms used by Home Advisors

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc

"THE MARSHALLTOWN PROJECT"

NAME________________________ DATE ________________

TRAINING CRITIQUE

PLEASE RESPOND TO EACH OF THE FOLLOWING SEGMENTS OF THE TRAINING PROGRAM

DAY 3 TIME 2:00

TITLE: Home Visits: Do's and Don'ts

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

DAY 3 TIME 2:30

TITLE: Home Visits: Problem Solving

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

DAY 3 TIME 3:30

TITLE: The Responsive Environment

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

"THE MARSHALLTOWN PROJECT"

NAME ______________________ DATE ______________________

TRAINING CRITIQUE

PLEASE RESPOND TO EACH OF THE FOLLOWING SEGMENTS OF THE TRAINING PROGRAM

DAY 4 TIME 8:30

TITLE: Slide/Tape: Parent/Child Home Stimulation Classes

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

DAY 4 TIME 9:15

TITLE: Language Development: The Pre-School Years

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

DAY 4 TIME 10:15

TITLE: Films: Behavior Modification

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc.

"THE MARSHALLTOWN PROJECT"

NAME: ______________________ DATE: ______________________

TRAINING CRITIQUE

PLEASE RESPOND TO EACH OF THE FOLLOWING SEGMENTS OF THE TRAINING PROGRAM

DAY 4 TIME 1.00

TITLE: Practice Assessment I

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS: (How could it have been improved?) (Could it have come at a better time?) etc

DAY 5 TIME 8.30

TITLE Practice Assessment II

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS (How could it have been improved?) (Could it have come at a better time?) etc

DAY 5 TIME 1:00

TITLE Practice Prescriptive Teaching

	WEAK	AVERAGE	STRONG
	(Circle appropriate one)		
Quality of presentation:	1	2	3
Appropriateness to training program:	1	2	3
Usefulness to you, personally:	1	2	3

COMMENTS (How coult it have been improved?) (Could it have come at a better time?) etc

DAY: 6

TIME: 8:30 - 9:30

TITLE: Video Critique Assessment I

OBJECTIVE: To provide the New Home Advisors an opportunity for self-critique in the use of the Marshalltown Behavioral Developmental Profile

PROCEDURE: The trainee and training coordinator will discuss all items on Form #8 until consensus is reached.

MATERIAL: Video tape of Assessment I
Completed Form #8

EVALUATION: Congruence

Form #8

EVALUATION OF PRACTICE TESTING SESSION USING THE MARSHALLTOWN PROFILE

Page 1

Name of Home Advisor ____________ DATE ____________ LOCATION ____________
Name of Child ____________ Child's Birthdate ____________ Testing Time ____________
Parents Name ____________ Child's Chronological Age ____________ Address ____________

Check appropriate anser

OBJECTIVE SECTION

YES	NO		
		1.	Did the Home Advisor have the necessary items in the kit?
		2.	Did the Home Advisor know where to locate the items in the kit?
		3.	Was the Home Advisor able to extract items from the kit without distracting the child?
		4.	Did the Home Advisor change or alter the testing environment when it was appropriate to do so?
		5.	Did the Home Advisor have the appropriate data on the score sheet in advance of testing session?
		6.	Did the Home Advisor have the test kit placed so that the child was not distracted by it?
		7.	Were materials removed from view when no longer needed?
		8.	Did the Home Advisor use the same toys to test different skills when appropriate?
		9.	Did the Home Advisor test all possible observable items? (i.e. not ask mother unless it was absolutely necessary)
		10.	When finished, did the Home Advisor have a double basal and if pertinent, a double ceiling in each category?
		11.	Was the scoring correct?
		12.	Were scores recorded in the correct place?
		13.	Was the scoring neat and legible?
		14.	Did the Home Advisor place herself in appropriate position relative to the child? Not too high, too low, too near, or too far.

Form devised by Jo Fulton, Theda Saigh, Mel Walden and Nancy Jinot

YES	NO	
		15. Did the Home Advisor conserve time? Example: not bouncing ball for 3 minutes.
		16. Did the Home Advisor use appropriate tangible and/or intangible reinforcers?
		17. Did the Home Advisor ask questions in a way that elicted positive responses?
		18. Was rapport established early in the testing session?
		19. If rapport was lost was it regained before going on with the test?
		20. If attention became marginal, did the Home Advisor discontinue or pause for a break?
		21. Was the child's curiosity aroused for each item?
		22. Was the Home Advisor able to keep the mothers distraction to a minimum?
		23. Did the Home Advisor not repeat the questions or tasks, show that the answer was wrong by waiting for another response, or otherwise cue the child?
		24. Did the testing session end on a positive note which was reinforcing for the child's ego?
		25. Did the Home Advisor start the testing at the appropriate level? (not too easy, not too hard)
		26. If the child was asked to repeat digits were they said in a monotonous manner at a rate of one per second?
		27. Were appropriate materials selected to elicit responses (string-not jump rope for knot tying)?
		28. Did the Home Advisor use the time when child was busy with tasks to prepare for next items?
		29. Did the Home Advisor use the time when child was busy with tasks to make anecdotal notes? (i.e. which hand used, attitude, speech, physique, etc.)
		30. Did the Home Advisor move from one item to the next quickly and smoothly?
		31. Were the directions for test items clear to the Home Advisor?

SUBJECTIVE SECTION

Always	Some	Never	
			1. Was the Home Advisor tactful in minimizing parent distractions?
			2. Was the Home Advisor able to improvise when necessary?
			3. Did the child respond positively to the Home Advisor?
			4. Did the parent respond positively to the Home Advisor?
			5. Did the child seem at ease?
			6. Did the parent seem at ease?
			7. Did the Home Advisor seem at ease?
			8. Did the Home Advisor exhibit techniques and ingenuity in getting and maintaining the child's attention?
			9. Did the Home Advisor display flexibility in the testing situation?
			10. Was the Home Advisor responsive to the child's behavior? (feelings, expressions, actions, and needs)
			11. Did the Home Advisor use various ways to get a response when necessary?
			12. Did the Home Advisor use an appropriate tone of voice?
			13. Did the Home Advisor seem well acquainted with the profile?

DAY: 6

TIME: 9:30 - 10:30

TITLE: Video Critique Assessment II

OBJECTIVE: To provide the new Home Advisors additional opportunity for self-critique in the use of the Marshalltown Behavioral Developmental Profile

PROCEDURE: The trainee, and training coordinator, will discuss all items on Form #8 until consensus is reached.

MATERIAL: Video tape of Assessment II
Completed form #8

EVALUATION: Congruence

Form #8

EVALUATION OF PRACTICE TESTING SESSION USING THE MARSHALLTOWN PROFILE

Name of Home Advisor ____________ DATE ____________ LOCATION ____________

Name of Child ____________ Child's Birthdate ____________ Testing Time ____________

Parents Name ____________ Child's Chronological Age ____________ Address ____________

YES	NO	Check appropriate anser	OBJECTIVE SECTION
☐	☐	1.	Did the Home Advisor have the necessary items in the kit?
☐	☐	2.	Did the Home Advisor know where to locate the items in the kit?
☐	☐	3.	Was the Home Advisor able to extract items from the kit without distracting the child?
☐	☐	4.	Did the Home Advisor change or alter the testing environment when it was appropriate to do so?
☐	☐	5.	Did the Home Advisor have the appropriate data on the score sheet in advance of testing session?
☐	☐	6.	Did the Home Advisor have the test kit placed so that the child was not distracted by it?
☐	☐	7.	Were materials removed from view when no longer needed?
☐	☐	8.	Did the Home Advisor use the same toys to test different skills when appropriate?
☐	☐	9.	Did the Home Advisor test all possible observable items? (i.e. not ask mother unless it was absolutely necessary)
☐	☐	10.	When finished, did the Home Advisor have a double basal and if pertinent, a double ceiling in each category?
☐	☐	11.	Was the scoring correct?
☐	☐	12.	Were scores recorded in the correct place?
☐	☐	13.	Was the scoring neat and legible?
☐	☐	14.	Did the Home Advisor place herself in appropriate position relative to the child? Not too high, too low, too near, or too far.

Form devised by Jo Fulton, Thea Saigh, Mel Walden and Nancy Jinot

YES	NO	
		15. Did the Home Advisor conserve time? Example: not bouncing ball for 3 minutes.
		16. Did the Home Advisor use appropriate tangible and/or intangible reinforcers?
		17. Did the Home Advisor ask questions in a way that elicted positive responses?
		18. Was rapport established early in the testing session?
		19. If rapport was lost was it regained before going on with the test?
		20. If attention became marginal, did the Home Advisor discontinue or pause for a break?
		21. Was the child's curiosity aroused for each item?
		22. Was the Home Advisor able to keep the mothers distraction to a minimum?
		23. Did the Home Advisor not repeat the questions or tasks, show that the answer was wrong by waiting for another response, or otherwise cue the child?
		24. Did the testing session end on a positive note which was reinforcing for the child's ego?
		25. Did the Home Advisor start the testing at the appropriate level? (not too easy, not too hard)
		26. If the child was asked to repeat digits were they said in a monotonous manner at a rate of one per second?
		27. Were appropriate materials selected to elicit responses (string-not jump rope for knot tying)?
		28. Did the Home Advisor use the time when child was busy with tasks to prepare for next items?
		29. Did the Home Advisor use the time when child was busy with tasks to make anecdotal notes? (i.e. which hand used, attitude, speech, physique, etc.)
		30. Did the Home Advisor move from one item to the next quickly and smoothly?
		31. Were the directions for test items clear to the Home Advisor?

SUBJECTIVE SECTION

Always	Some	Never	
			1. Was the Home Advisor tactful in minimizing parent distractions?
			2. Was the Home Advisor able to improvise when necessary?
			3. Did the child respond positively to the Home Advisor?
			4. Did the parent respond positively to the Home Advisor?
			5. Did the child seem at ease?
			6. Did the parent seem at ease?
			7. Did the Home Advisor seem at ease?
			8. Did the Home Advisor exhibit techniques and ingenuity in getting and maintaining the child's attention?
			9. Did the Home Advisor display flexibility in the testing situation?
			10. Was the Home Advisor responsive to the child's behavior? (feelings, expressions, actions, and needs)
			11. Did the Home Advisor use various ways to get a response when necessary?
			12. Did the Home Advisor use an appropriate tone of voice?
			13. Did the Home Advisor seem well acquainted with the profile?

DAY: 6

TIME: 10:30 - 12:00

TITLE: Video Critique Prescriptive Teaching

OBJECTIVE: To provide the new Home Advisor an opportunity for self-critique in her approach to establishing rapport and use of technique during a teaching episode.

PROCEDURE: The new Home Advisor will take fifteen minutes, prior to viewing the video tape, and make up a tentative check list for observing efficiency in "teaching". Room should be left between check list items for inclusion of new items as observed on tape.

MATERIAL: Video tape of prescriptive teaching episode
"Home Made" checklist (minimum of 7 items)

EVALUATION: Addition of 7 more items to video critique check list.

DAY: 6

TIME: 1:00 - 4:00

TITLE: Visit Community Service Agencies

OBJECTIVE: To investigate, first hand, relevant agencies listed in the County Service Directory to establish positive relationships with people essential to an effective referral network.

PROCEDURE: Make personal contact. Explain reason for visit. Record experience and notes for report to training coordinator or instructor.

MATERIAL: Agency Contact Summary Form
Directory of Services for Marshall County

Evaluation: Experiences recorded on summary form.

AGENCY CONTACT SUMMARY

DATE	TIME	AGENCY	ADDRESS	PHONE	KEY PERSONNEL AND TITLE	NOTES

DAY: 7

TIME: 8:30 - 11:00

TITLE: Continuation: Visit Community Service Agencies.

OBJECTIVE: Same as previous session.

PROCEDURE: Same as previous session.

MATERIAL: Agency contact summary form

EVALUATION: Experiences recorded on summary form.

DAY: 7

TIME: 11:00 - 12:00

TITLE: Community Service Reports

OBJECTIVE: To review new Home Advisor experiences in contacting community service personnel.

PROCEDURE: Discuss, from NOTES, such considerations as:
Type of reception by agency personnel, familiarity with program, willingness to participate as a referring agency, etc.

MATERIAL: Agency Contact Summary Form

EVALUATION: Summary data from a minimum of six (6) agencies.

DAY: 7

TIME: 1:00 - 4:30

TITLE: Home Visit I

OBJECTIVE: The new Home Advisor will observe and record activities in an actual Home Visit.

PROCEDURE: Each new Home Advisor will accompany an experienced Home Advisor to a home currently served by the senior staff member. The new Home Advisor will observe and take notes on:

1. Parents report of weeks learning episode/s.
2. Review of graph data.
3. Taking a post line.
4. Eliciting a base line
5. Parent and Home Advisor collaboration in the writing of a prescription.
6. Demonstration of activity by Home Advisor
7. Reflected demonstration by parent.

MATERIAL: Critique of Home Visit

EVALUATION:

1. Notes to be discussed between new and experienced Home Advisors
2. Recorded additional observations.

CRITIQUE OF HOME VISIT

PREPLANNING

1. Were alternate strategies planned? How many?
2. Did planning seem appropriate?
3. Did visitation prove it to be sufficient and appropriate?

Suggestions and comments:

VISITATION

1. Was advisor on time?
2. Was parent expecting the advisor?
3. Was the child and environment ready for visit?
4. Did the mother have last weeks R_x out and graphed?
5. How many minutes from entry to start of post test?
6. How may minutes did the actual teaching session last?
(time in to time out minus time spent on extraneous material)

Post line:

1. Was it successful?
2. Was it properly done? If not, explain.

Discussion of next weeks R_x:

1. Was parent allowed opportunity for input?
2. Did base line prove it appropriate?
3. If not, was another R_x selected?

Suggestions and comments:

Explanation of R_x : Comments:

1. Cue

Explanation of R_x (Continued)

2. Directions
3. Reinforcement
4. Criteria
5. Modeling

GENERAL

1. Do you feel the parent understood what was expected of her?
2. Did the advisor seem confident, prepared and at ease?
3. What strong points were exhibited?
4. What areas need more work?
5. Was this a typical home? Or did circumstances make it impossible to do a fair evaluation?

DAY: 8

TIME: 8:30 - 12:00

TITLE: Home Visit II

OBJECTIVE: The new Home Advisor will conduct a home visit, with supervision

PROCEDURE: Follow procedure demonstrated by senior staff member in previous home visit.

MATERIAL:
Prescription pad
Material reinforcers
Relevant toy/s

EVALUATION:

1. Copy of prescription
2. Senior staff member's critique of visit.

CRITIQUE OF HOME VISIT

PREPLANNING

1. Were alternate strategies planned? How many?
2. Did planning seem appropriate?
3. Did visitation prove it to be sufficient and appropriate?

Suggestions and comments:

VISITATION

1. Was advisor on time?
2. Was parent expecting the advisor?
3. Was the child and environment ready for visit?
4. Did the mother have last weeks R_x out and graphed?
5. How many minutes from entry to start of post test?
6. How may minutes did the actual teaching session last? (time in to time out minus time spent on extraneous material)

Post line:

1. Was it successful?
2. Was it properly done? If not, explain.

Discussion of next weeks R_x:

1. Was parent allowed opportunity for input?
2. Did base line prove it appropriate?
3. If not, was another R_x selected?

Suggestions and comments:

Explanation of R_x : Comments:

1. Cue

Explanation of R_x (Continued)

2. Directions
3. Reinforcement
4. Criteria
5. Modeling

GENERAL

1. Do you feel the parent understood what was expected of her?
2. Did the advisor seem confident, prepared and at ease?
3. What strong points were exhibited?
4. What areas need more work?
5. Was this a typical home? Or did circumstances make it impossible to do a fair evaluation?

DAY: 8

TIME: 1:00 - 3:00

TITLE: Home Visit III

OBJECTIVE: The new Home Advisor will conduct a home visit solo.

PROCEDURE: Any modifications, resulting from critique of previous visit, will be incorporated into this visit.

MATERIAL:
Prescription pad
Material reinforcers
Relevant toy/s

EVALUATION:
1. Copy of prescription
2. Self-evaluation of experience

CRITIQUE OF HOME VISIT

PREPLANNING

1. Were alternate strategies planned? How many?
2. Did planning seem appropriate?
3. Did visitation prove it to be sufficient and appropriate?

Suggestions and comments:

VISITATION

1. Was advisor on time?
2. Was parent expecting the advisor?
3. Was the child and environment ready for visit?
4. Did the mother have last weeks R_x out and graphed?
5. How many minutes from entry to start of post test?
6. How may minutes did the actual teaching session last? (time in to time out minus time spent on extraneous material)

Post line:

1. Was it successful?
2. Was it properly done? If not, explain.

Discussion of next weeks R_x:

1. Was parent allowed opportunity for input?
2. Did base line prove it appropriate?
3. If not, was another R_x selected?

Suggestions and comments:

Explanation of R_x : Comments:

1. Cue

Explanation of R_x (Continued)

2. Directions
3. Reinforcement
4. Criteria
5. Modeling

GENERAL

1. Do you feel the parent understood what was expected of her?
2. Did the advisor seem confident, prepared and at ease?
3. What strong points were exhibited?
4. What areas need more work?
5. Was this a typical home? Or did circumstances make it impossible to do a fair evaluation?

DAY: 8

TIME: 3:00 - 4:00

TITLE: Capsule summary of home visits.

OBJECTIVE: Review total home visit experience.

PROCEDURE: Both the instructor and the new Home Advisor will share impressions about proficiencies and effectiveness demonstrated during the home visits.

MATERIAL: Relevant notes.

EVALUATION: Consensus.

APPENDIX

HERKIMER HUMPERDINCK

Answer Sheet
(from page 30)

A S 3-10 46	A S 3-8 44	A S 4-9 57
CA S 4-4 52	$\overline{X}$ S 4-1 49	-6 -8 +5

DILBERT PARFART

Answer Sheet
(from page 31)

A S 5-2 62	A S 3-5 41	A S 4-9 57
CA S 4-3 51	$\overline{X}$ S 4-5 53	+11 -10 +6

SEBASTIAN CROOKSHANK

Answer Sheet
(from page 33)

A S 1-8 20	A S 2-0 24	A S 1-5 17
CA S 3-4 40	$\bar{X}$ S 1-8 20	-20 -16 -23

POST TEST

1. Is a reward for desired behavior the same as a bribe? ________ Why?

____

____

____

2. If a person's behavior is not positively reinforced (a pleasant consequence occurs), the behavior:

   a. Increases in frequency (occurs more often).
   b. Decreases in frequency (occurs less often).
   c. Does not change.
   d. Makes the person angry.

3. The term reward is often used interchangeably with:

   a. Candy
   b. Praise
   c. Reinforcement
   d. Consequence (pleasant)
   e. Money
   f. Bribe

4. If a person is given a positive reinforcer, behavior is:

   a. Weakened.
   b. Eliminated.
   c. Strengthened.
   d. Not changed.

5. A schedule of reinforcement in which every correct response is reinforced is called a:

   a. Fixed ratio schedule.
   b. Variable interval schedule.
   c. Fixed interval schedule.
   d. Continuous reinforcement schedule.
   e. Variable ratio schedule.

6. Reward should be given:

   a. Infrequently with large amounts.
   b. Infrequently with small amounts.
   c. Frequently with large amounts.
   d. Frequently with small amounts.

7. Performance should be rewarded:

   a. Before it occurs.
   b. While it is occurring.
   c. Immediately after it occurs.
   d. All of the above.

8. Removing a person from a reinforcing environment is called:

   a. Stimulus satiation
   b. Punishment
   c. Time out
   d. Extinction

9. Presentation of an aversive stimulus (unpleasant consequence) after an undesired behavior is called:

   a. Counter conditioning
   b. Stimulus change
   c. Punishment
   d. Time out

10. Presenting a desirable stimulus (pleasant consequence) at such a high rate that it loses its reinforcing value and may become aversive is called:

    a. Shaping
    b. Stimulus change
    c. Satiation
    d. Counter conditioning

11. Non-reinforcement of a behavior previously reinforced so that the behavior decreases in strength is called:

    a. Punishment
    b. Extinction
    c. Counter conditioning
    d. Time out

12. Manipulation or removal of a cue (environmental prompter or stimulus) which normally elicits a response is called:

    a. Stimulus change
    b. Satiation
    c. Extinction
    d. Punishment

13. Reinforcing a behavior which cannot occur simultaneously with another (incompatible behavior, example: wet pants - dry pants) is called:

    a. Time out
    b. Shaping
    c. Punishment
    d. Counter conditioning
    e. None of the above

14. Breaking behavior down into small simple steps and reinforcing successive approximations of the final goal behavior is called:

a. shaping
b. extinction
c. stimulus change
d. time out

15. A reinforcement schedule requiring a fixed number of responses before one is reinforced is called:

a. continuous
b. fixed ratio
c. variable ratio
d. fixed interval

16. A reinforcement schedule which varies the number of responses required before one is reinforced is called:

a. variable ratio
b. variable interval
c. fixed ratio
d. fixed interval

17. A reinforcement schedule requiring a set length of time before a response will be reinforced is called:

a. variable ratio
b. fixed ratio
c. variable interval
d. fixed interval

18. A reinforcement schedule which varies the length of time for reinforcement is called:

a. fixed interval
b. fixed ratio
c. variable ratio
d. variable interval

19. What schedule of reinforcement best exemplifies playing a slot machine?

____

20. What schedule of reinforcement would probably generate the fastest rate of responding?

____

21. What schedule of reinforcement would most aptly apply to a fisherman and his catch?

____

22. What schedule of reinforcement is demonstrated by a child receiving an allowance once a week?

____

23. Under which schedule of reinforcement could an individual earn the greatest number of rewards in the shortest period of time?

____

24. When undesirable behaviors are present, we can assume they are a result of:

a. heredity (the child was born that way).
b. the correct (adaptive) behavior has never been learned.
c. the child cannot help himself.
d. an incorrect (maladaptive) behavior has been learned which conflicts with the performance of the correct behavior.

25. Which of the following are learned behaviors:

a. lying
b. disobedience
c. honesty
d. courtesy
e. all of the above

26. If an individual is not performing a behavior we want him to, it is quite likely he is not getting ____________________ for it.

27. If you desire to see a behavior decrease in frequency ____________ it.

28. If you desire to see a behavior increase in frequency ____________ it.

29. Inappropriate or undesirable behaviors persist because they are ________ ___.

30. ____________ is a powerful reward for most people, especially children.

31. We can assume that a ______________ is operating to maintain any behavior which occurs.

32. Just as attention increases the frequency of appropriate behaviors, it also ______________ the frequency of inappropriate behaviors.

33. Punishment is many times ineffective in eliminating inappropriate behavior because the person is at the same time ___________ with ___________.

34. A better way to reduce the frequency of inappropriate behavior is to ________ ____________ from it.

35. If you are reinforcing a behavior in a child, and it does not seem to be working very well (behavior not increasing) check your reward. It may not be working because:

a. you are giving too much of a reward
b. you are giving too small of a reward
c. you are giving the wrong kind of a reward
d. all of the above

36. An example of a tangible reinforcer is:

a. a smile
b. praise
c. attention
d. a cookie

37. An example of an intangible or social reinforcer is:

a money
b candy
c a new bicycle
d attention

38 In measuring and recording behavior, the first of three segments on the graph is referred to as the ____________________.

39 The second segment (usually twice the time interval) is referred to as :
____________________.

40 During the baseline period, behavior is observed and recorded with no attempt made to apply ____________________.

41 During the treatment period, reinforcers are applied to ____________ desirable behaviors and withhold to ____________ undesirable behaviors

42 One should attempt to modify only ____________ behavior/s at a time

43 A behavior can be identified if it can be ____________ and ____________.

44 In identifying a behavior, it must be defined precisely enough that another person could also ____________ it, and ____________ it.

45 When working with a given behavior it is advisable to determine with what frequency the behavior occurs prior to any intervention attempts. The recording of this behavior is called ____________________.

46 Other words often used to describe initial prompting to elicit a response are:

a cue
b antecedent
c stimulus
d prompt
e all of the above

47 Behavior problems often develop in children where the parents take ________ behavior for granted and punish or attend to ____________ behavior.

48 Observing what happens after a response occurs may help us determine what the ____________________ for it is.

49 If the consequences of behavior are pleasant, what tends to happen to the behavior? ____________________.

50 If the consequences of behavior are unpleasant, what tends to happen to the behavior? ____________________

FILMS

CLAUDE - Pyramid Film Producers, P O Box 1048, Santa Monica, California 90406 - 03 min - color - 1969 - $80
Claude is one of the most memorable characters presently on film. He spends his time sitting on the floor, in the driveway - anywhere he can find a place that is not a problem to his parents. As he sits, he tinkers with nuts and bolts, gradually building a strange looking object. This short animated film could open up a discussion of parent-child relationships or artistic technique

WHY MAN CREATES - Pyramid Film Producers, P O Box 1048, Santa Monica, California 90406 - 29 min - color - 1968 - $270
Demonstrates the nature of the creative process and the variety, richness, and importance of creative vision

REINFORCEMENT THEORY FOR TEACHERS - Special Purpose Films, 26740 Latigo Shore Drive, Malibu, California 90265 - 28 min - black & white - 1969 - $125
How to increase behavior that advances learning and how to eliminate undesirable behavior - a discussion of positive reinforcement, negative reinforcement extinction, and schedule of reinforcement. After viewing, a teacher should understand the theory behind reward and punishment and be able to apply reinforcement theory in daily teaching.

WHO DID WHAT TO WHOM - Research Press Company, CFS P.O. Box 3177, Champaign, Illinois 61820 - 17 min - color - 1972 - $195
A practice film designed to help viewers recognize actual situations in which four principles of behavior are operating appropriately or inappropriately, and to provide practice in identifying ways to handle such situations more successfully. Principles considered are positive and negative reinforcement, punishment, extinction

REWARD PROCEDURES FOR BEHAVIOR MANAGEMENT - Infomatics, 8531 Schaefer, Detroit, Michigan 48228, - 20 min - black & white - $150.
General introduction to the topic of child management through reinforcement methods. Families with children from 3 to 15 years of age help to show three simple reinforcement procedures that adults can use to change child behavior. Workbook which accompanies film provides learners with the necessary concepts and principles to better understand child management methods

SAMPLE PROBLEM/ALTERNATIVE LIST

	PROCEDURE		FEELING
1P	Do not have large ball for motor item 2.68. Ask child to kick small block (ground level - stationary). Child could not, so scored 0 for large ball.	1P.	I thought I was going too slowly, so I skipped a few items in my hurry to finish. Now I'm not really sure how my child would have done on these items.
1A	Next time, bring appropriate test item -- large ball.	1A.	Slow down and feel sure about each item. Could do assessment in two sessions.

TEN BIG ONES FOR HOME ADVISORS

1 Thou shalt claim no magic as thine own

2 Thou shalt consider the development of the child as the highest priority yea, even unto finding ways to work together, parent and advisor

3 Thou shalt listen unto the parent, for wisdom cometh from all, not just the home advisor

4 Thou shalt keep the faith in times of famine and strife, as well as in times of plenty

5 Thou shalt explain thy motives to the curious parent and guard against the sins of vanity and sanctimoniousness.

6 Thou shalt sow the seeds of praise on the waters of good behaviors and they will be reaped a thousand-fold in the fields of parent effectiveness.

7 Be not enticed by hopes of instant success, for the road is long and the rocks are sequentially numbered

8 Be ever patient and articulate in explaining the hows and wherefores.

9 Suffer the little siblings to come unto you, for thou art a source of wonderment Do so with planning and aforethought, for such is not deviousness, but is indeed mere survival.

10 Though thy cup runneth over with M and M's, waste not thy reinforcements for they tend to satiate

Goals relating to the child are not meant to be "mine" or "theirs" - but "ours"